## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT . CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F96000006008 1. Corporation Name

PALENCHAR STABLES, INC.

Principal Place of Business 855 SADDLEWOOD DR GLEN ELLYN IL 60137

Mailing Address

855 SADDLEWOOD DR GLEN ELLYN IL 60137

## **FILED** Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90040 039 \*\*\*150.00



DO NOT WRITE IN THIS SPACE Bata Incompeted or Qualifed

				- 1	5. Date incorporated or distance			
				ļ	11/18/1996			_
		2a. Mailing Address			4. FEI Number		Applied For	
<ol><li>Principal F</li></ol>	Place of Business	<del>⊢</del> ¬		ļ	36-3735665		Not Applicable	
1		26					\$8,75 Additional	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required		
2	<u></u>	27				- :	\$5.00 May Be	7
City & Sta	ate	City & State		ļ	6. Election Campaign Financing		Added to Fees	
ลี		28			Trust Fund Contribution			•
Zip	Country	Zip	Country	<b>\</b>	8. This corporation owes the curr	ent year Intai	ngible ∐Yes □No	
٦ <u></u> -	25	29 30			Personal Property Tax.			-
4	9. Name and Address of Current F				10. Name and Address of New F	tegistered A	gent	-
	5. Hallie allo Addioso 5.(Galtalit	*	81 1	Name				
DAI	ENCHAR, ROBERT E		-	<u> </u>	s (P.O. Box Number is Not Accepta	able)		-
OFA	1 SW BIMINI CIRCLE N.		82 5	Street Addres	S (F.O. BOX Number is Not Accept		10 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			83		The state of the s	435 554 N		
PAL	JM CITY FL 34990		83		<b>国际 特殊的 经收益</b>	10 mg 19 1, C	Na et la delle avitti delle la delle	_
			84	City		FL	85 Zip Code	
								-
4.4	nt to the provisions of Sections 607.0502	and 607,1508, Florida Statutes, t	he above-r	named corpor	ation submits this statement for the	purpose of c	manging its registered	
11. Pursuan	nt to the provisions of Sections 607.0502 r registered agent, or both, in the State of	Florida. Such change was autho	rized by th	ne corporation	is board of directors. Thereby acce	br me abbom	anone és raigneraign	
agent. I	r registered agent, or both, in the state of am familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Sidiules.		•			
SIGNATURE	F		internal Amond o	rianature required y	when reinstating)	DATE		_
JOHNION	Signature, typed or printed name of registered agent a		13.	and intrare sections of	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTORS IN 12	
12.	OFFICERS AND		13. 1,1 ΠΙΕ		ADDITIONAL SALES	<u> </u>	☐ Change ☐ Addition	n
	PSTD							

ago						·	!
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Reg	gistered Agent signature requi	ired when reinstating)	DATE	DIDECTOR	IC IN 12
	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANG	ES TO OFFICERS AN		S IN 12
12.		DELETE	1.1 TITLE			☐ Change	Addition
TILE			1.2 NAME			٠.	
IAME	PALENCHAR, ROBERT E		1.3 STREET ADDRESS				
STREET ADDRESS			14 CITY-ST-ZIP		i		
CITY-ST-ZIP	GLEN ELLYN IL 60137	] DELETE	2.1 TITLE			Change	Addition.
ITLE	-	J 9222.2	2.2 NAME				
NAME			2.3 STREET ADDRESS				
STREET ADDRESS							
CITY+ST-ZIP		DELETE	2.4 CITY-ST-ZIP			Change	Addition
TITLE ,,,,;		DELEVE	1				
NAME			3.2 NAME				e i necolidi
STREET ADDRESS		!	3.3 STREET ADDRESS				7 ( 18 S) 1 ( 18 S)
CITY-ST-ZIP	·		3.4. CITY-ST-ZIP		11 11 11 11 11 11	Change	Addition
TITLE		DELETE	4.1 TITLE			•	
NAME			4. 2 NAME				•
STREET ADDRESS	3		4.3 STREET ADDRESS				
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TITLE		☐ DELETE	5.1 TITLE	, ,		Chango	
NAME			5.2 NAME	in the second	•		
			5.3 STREET ADDRESS				
STREET ADDRES	9		5.4 CITY-ST-ZIP	<u> </u>			Addition
CITY-ST-ZIP	1.1	DELETE	6.1 TITLE			Change	
TITLE	Į,·		6.2 NAME				
NAME ·	•		6.3 STREET ADDRESS				
STREET ADDRES	s		6.4 CITY-ST-ZIP			ere at a ala a f	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: