

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **729358** (2)  
1. Corporation Name  
**WINSTON 300 SOCIAL CLUB, INC.**



Principal Place of Business: **230 174TH STREET MIAMI BEACH FL 33160**  
Mailing Address: **230 174TH STREET MIAMI BEACH FL 33160**

3. Date Incorporated or Qualified: **04/10/1974**  
3a. Date of Last Report: **08/25/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		<b>NOT APPLICABLE</b>		Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip		29 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Country		Country					
25		30					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>STEINBERG, (PAUL B.) 767 ARTHUR GODFREY ROAD MIAMI BEACH FL 33140</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>200001750392</b>		
				83	<b>-03/20/96--01009--012</b>		
				84 City	<b>***61.25</b>		
				85 Zip Code	<b>FL</b>		

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>EPSTEIN, HARRY</b>			1.2 NAME	<b>EPSTEIN HARRY.</b>		
STREET ADDRESS	<b>230 174TH ST</b>			1.3 STREET ADDRESS	<b>230 - 174 ST</b>		
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>			1.4 CITY-ST-ZIP	<b>MIAMI BEACH FL 33160</b>		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BUCHWALD, SYLVIA</b>			2.2 NAME	<b>BUCHWALD SYLVIA</b>		
STREET ADDRESS	<b>230 174TH STREET</b>			2.3 STREET ADDRESS	<b>230 - 174 St.</b>		
CITY-ST-ZIP	<b>MIAMI BEACH FL 33316</b>			2.4 CITY-ST-ZIP	<b>MIAMI BEACH FL 33160</b>		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STRAUSS, EARNEST</b>			3.2 NAME	<b>STRAUSS EARNEST.</b>		
STREET ADDRESS	<b>230 - 174TH STREET</b>			3.3 STREET ADDRESS	<b>230 - 174 ST</b>		
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>			3.4 CITY-ST-ZIP	<b>MIAMI Bch FL 33160</b>		
TITLE	<b>P</b>	<input type="checkbox"/> DELETE		4.1 TITLE	<b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RICCI, ANITA</b>			4.2 NAME	<b>RICCI, ANITA.</b>		
STREET ADDRESS	<b>230-174TH ST.</b>			4.3 STREET ADDRESS	<b>230 - 174ST</b>		
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>			4.4 CITY-ST-ZIP	<b>MIAMI BEACH FL 33160</b>		
TITLE	<b>T</b>	<input type="checkbox"/> DELETE		5.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>THALER, MILTON</b>			5.2 NAME	<b>THALER MILTON</b>		
STREET ADDRESS	<b>230 174TH ST</b>			5.3 STREET ADDRESS	<b>230 - 174 ST</b>		
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>			5.4 CITY-ST-ZIP	<b>MIAMI BEACH FL 33160</b>		
TITLE	<b>S</b>	<input type="checkbox"/> DELETE		6.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SCHNIEDER, BABE</b>			6.2 NAME	<b>SCHNIEDER, BABE</b>		
STREET ADDRESS	<b>230 174TH ST.</b>			6.3 STREET ADDRESS	<b>230 - 174 ST</b>		
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>			6.4 CITY-ST-ZIP	<b>MIAMI BEACH FL 33160</b>		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Herman Epstein* 10 Date: 3/13/96 305-982-2822 Daytime Phone #

CR2E037 (12/95)