

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 729358 (2)**

1. Corporation Name  
**WINSTON 300 SOCIAL CLUB, INC.**



Principal Place of Business <b>230 174TH STREET MIAMI BEACH FL 33160</b>	Mailing Address <b>230 174TH STREET MIAMI BEACH FL 33160</b>
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3. Date Incorporated or Qualified <b>04/10/1974</b>	
4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**STEINBERG, (PAUL B.)  
767 ARTHUR GODFREY ROAD  
MIAMI BEACH FL 33140**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City <b>FL</b> 85. Zip Code

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>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EPSTEIN, HARRY</b>	1.2 NAME	<b>Tanya Finkelstein</b>
STREET ADDRESS	<b>230 174TH ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUCHWALD, SYLVIA</b>	2.2 NAME	
STREET ADDRESS	<b>230 174TH STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33316</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STRAUSS, EARNEST</b>	3.2 NAME	
STREET ADDRESS	<b>230 - 174TH STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>P</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICIC, ANITA</b>	4.2 NAME	
STREET ADDRESS	<b>230-174TH ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THALER, MILTON</b>	5.2 NAME	
STREET ADDRESS	<b>230 174TH ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>S</b>	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHNIEDER, BABE</b>	6.2 NAME	<b>Lili Rogala</b>
STREET ADDRESS	<b>230 174TH ST.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Milton Thaler 305 931 2454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (10/97)