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**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90035 050 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 729358**

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

Principal Place of Business 230 174TH STREET MIAMI BEACH FL 33160 <i>Sunny Isles</i>	Mailing Address 230 174TH STREET MIAMI BEACH FL 33160 <i>Sunny Isles apt 515</i>
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2. Principal Place of Business 21 230 174 <sup>th</sup> St Suite, Apt. #, etc. 22 Apt 515 City & State 23 Sunny Isles Zip 24 33160 Country 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 04/10/1974 4. FEI Number NOT APPLICABLE Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	
NAME	FINKELSTEIN, TANYA	
STREET ADDRESS	230 174TH ST	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	
NAME	BUCHWALD, SYLVIA	
STREET ADDRESS	230 174TH STREET	
CITY-ST-ZIP	MIAMI BEACH FL 33316	
TITLE	D	
NAME	STRAUSS, EARNEST	
STREET ADDRESS	230 - 174TH STREET	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	RICIC, ANITA	
STREET ADDRESS	230-174TH ST.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	THALER, MILTON	
STREET ADDRESS	230 174TH ST	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROGALA, LILI	
STREET ADDRESS	230 174TH ST.	
CITY-ST-ZIP	MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	VP		
1.2 NAME	Rhodie Emerick		
1.3 STREET ADDRESS	230 174 <sup>th</sup> St		
1.4 CITY-ST-ZIP	Sunny Isles 33160		
2.1 TITLE	2VP		
2.2 NAME	Joby Strauss		
2.3 STREET ADDRESS	230 174 <sup>th</sup> St.		
2.4 CITY-ST-ZIP	Sunny Isles 33160		
3.1 TITLE	GOOD WELFARE		
3.2 NAME	Eleanor Krouse		
3.3 STREET ADDRESS	230 174 <sup>th</sup> St		
3.4 CITY-ST-ZIP	Sunny Isles 33160		
4.1 TITLE	President		
4.2 NAME	DORIS ZEITLIN		
4.3 STREET ADDRESS	230-174 <sup>th</sup> St		
4.4 CITY-ST-ZIP	Sunny Isles 33160		
5.1 TITLE	TREASURER		
5.2 NAME	230 174 <sup>th</sup> St		
5.3 STREET ADDRESS	SUNNY ISLES		
5.4 CITY-ST-ZIP	33160		
6.1 TITLE	Secretary		
6.2 NAME	230174 <sup>th</sup> St		
6.3 STREET ADDRESS	SUNNY ISLE		
6.4 CITY-ST-ZIP	33160		

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, with all other like empowered.

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

CRZE037 (11/98)