

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 24 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 745265 (9)**  
T. Corporation Name  
**GREYHOUND RACING EDUCATIONAL FOUNDATION, INC.**

Principal Place of Business Mailing Address  
**1065 N E 125TH ST SUITE 219  
NORTH MIAMI FL 33161-2832** **1065 N E 125TH ST SUITE 219  
NORTH MIAMI FL 33161-2832**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/14/1978</b>	3a. Date of Last Report <b>06/09/1994</b>
4. FEI Number <b>59-1894729</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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**VAMVAKS, ANN R  
1065 NE 125 ST.  
STE. 219  
N. MIAM FL 33161**

10. Name and Address of New Registered Agent	
81 Name	<b>WINTERS, PATRICK E.</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1065 NE 125 ST. STE 219</b>
83	
84 City	<b>NORTH MIAMI FL</b>
85 Zip Code	<b>33161</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Patrick E. Winters* **PATRICK E. WINTERS, REG AGT, SEC** **APRIL 17, 1995**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>STD</b>
NAME	<b>SPTIZER, ELLEN W</b>
STREET ADDRESS	<b>320 N.W. 115TH STREET</b>
CITY - ST - ZIP	<b>MIAMI SHORES FL</b>
TITLE	<b>PD</b>
NAME	<b>KORMAN, HOWARD</b>
STREET ADDRESS	<b>1440 N. MCDUFF AVE.</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>VD</b>
NAME	<b>PAUL, LEWIN</b>
STREET ADDRESS	<b>401 NW 38TH COURT</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>AST</b>
NAME	<b>VAMVAKS, ANN R</b>
STREET ADDRESS	<b>1065 NE 125 ST., STE. 219</b>
CITY - ST - ZIP	<b>N MIAMI, FL 00000</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>WINTERS, PATRICK E.</b>
4.3 STREET ADDRESS	<b>1065 NE 125 ST, STE 219</b>
4.4 CITY - ST - ZIP	<b>NORTH MIAMI, FL 33161</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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, whichever or on an attachment with an address.

SIGNATURE: *Patrick E. Winters* **PATRICK E. WINTERS** **APRIL 17, '95** **305-893-2101**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #