

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 761431 (6)

1. Corporation Name

JOCKEY CLUB III ASSOCIATION, INC.

Principal Place of Business

Mailing Address

11111 BISCAYNE BLVD  
N MIAMI FL 33181  
US11111 BISCAYNE BLVD  
N MIAMI FL 33181-3404  
US

2. Principal Place of Business

21

Suite, Apt #, etc.

City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt #, etc.

City &amp; State

27

Zip

Country

28

30

3. Date Incorporated or Qualified

01/13/1982

3a. Date of Last Report

02/07/1996

4. FEI Number

59-2157365

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☒ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REINHARD, SANFORD N  
2875 NE 191ST ST.  
SUITE 404  
NORTH MIAMI BEACH FL 33180

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROSENBLUTH, MORTON	
STREET ADDRESS	11111 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BLAIR, JERROLD	
STREET ADDRESS	11111 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	vd Dorothy Most
2.3 STREET ADDRESS	11111 Biscayne Blvd
2.4 CITY-ST-ZIP	Miami, FL

TITLE	SD	<input type="checkbox"/> DELETE
NAME	SHULL, CLAIR	
STREET ADDRESS	11111 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	STEINBERG, MILTON	
STREET ADDRESS	11111 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LORING, MERYL	
STREET ADDRESS	11111 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D Robert Green
5.3 STREET ADDRESS	11111 Biscayne Blvd
5.4 CITY-ST-ZIP	Miami, FL

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	REICH, ROBERT	
STREET ADDRESS	11111 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL	

6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D Richard Donoff
6.3 STREET ADDRESS	11111 Biscayne Blvd
6.4 CITY-ST-ZIP	Miami, FL

14. I do 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: \*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0033500

CR2E037 (9/96)

Addition

Paul Berkowitz  
11111 Biscayne Blvd  
Miami, Fl