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FILED
Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 761431 (6)
1. Corporation Name
JOCKEY CLUB III ASSOCIATION, INC.

Principal Place of Business 11111 BISCAYNE BLVD N MIAMI FL 33181 US	Mailing Address 11111 BISCAYNE BLVD N MIAMI FL 33181 US
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3. Date Incorporated or Qualified 01/13/1982	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-2157365		
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	
7. Is this nonprofit corporation a homeowners association? <input 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 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSENBLUTH, MORTON 11111 BISCAYNE BLVD. MIAMI FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOST, DOROTHY 11111 BISCAYNE BLVD. MIAMI FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHULL, CLAIR 11111 BISCAYNE BLVD. MIAMI FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, ROBERT 11111 BISCAYNE BLVD. MIAMI FL	<input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORING, MERYL 11111 BISCAYNE BLVD. MIAMI FL	<input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REICH, ROBERT 11111 BISCAYNE BLVD MIAMI FL	<input checked="" type="checkbox"/> DELETE	

1.1 TITLE	TREASURER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	MILTON STEINBERG		
1.3 STREET ADDRESS	11111 BISCAYNE BLVD		
1.4 CITY-ST-ZIP	MIAMI, FL 33181		
2.1 TITLE	BOARD MEMBER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	RICHARD DONOFF		
2.3 STREET ADDRESS	11111 BISCAYNE BLVD		
2.4 CITY-ST-ZIP	MIAMI, FL 33181		
3.1 TITLE	BOARD MEMBER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	THOMAS HEARD		
3.3 STREET ADDRESS	11111 BISCAYNE BLVD		
3.4 CITY-ST-ZIP	MIAMI, FL 33181		
4.1 TITLE	BOARD MEMBER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
4.2 NAME	THOR HALVORSEN		
4.3 STREET ADDRESS	11111 BISCAYNE BLVD		
4.4 CITY-ST-ZIP	MIAMI, FL 33181		
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 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 STEINBERG 305-891-1804 1-15-98

CFR2E037 (10/97)