

FILE NOW: FILING FEE IS \$61.25


FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90051 023 ****61.25

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101515-90051-23

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 761431

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/13/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2157365	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
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	
				85 Zip Code	
				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

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		1.1 TITLE	BM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROSENBLUTH, MORTON			1.2 NAME	THOR HALVORSS EN		
STREET ADDRESS	11111 BISCAYNE BLVD.			1.3 STREET ADDRESS	11111 BISCAYNE BLVD		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	MIAMI, FL		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOST, DOROTHY			2.2 NAME			
STREET ADDRESS	11111 BISCAYNE BLVD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHULL, CLAIR			3.2 NAME			
STREET ADDRESS	11111 BISCAYNE BLVD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEINBERG, MILTON			4.2 NAME			
STREET ADDRESS	11111 BISCAYNE BLVD			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33181			4.4 CITY-ST-ZIP			
TITLE	BM	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DONOFF, RICHARD			5.2 NAME			
STREET ADDRESS	11111 BISCAYNE BLVD			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33181			5.4 CITY-ST-ZIP			
TITLE	BM	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEARD, THOMAS			6.2 NAME			
STREET ADDRESS	11111 BISCAYNE BLVD			6.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33181			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 19.07(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:

DR. MORTON ROSENBLUTH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99

305-891-1804

Date

Daytime Phone #

CR2E037 (11/98)