

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 04 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N97000004874 (0)
1. Corporation Name
THE FLORIDA THOROUGHBRED BREEDERS' AND OWNERS' ASSOCIATION, INC.



Principal Place of Business 4727 N.W. 80TH AVENUE OCALA FL 34482-2098	Mailing Address 4727 N.W. 80TH AVENUE OCALA FL 34482-2098
---	---

3. Date Incorporated or Qualified 08/27/1997	4. FEI Number 59-0944678	Applied For <input type="checkbox"/> Not Applicable
--	------------------------------------	--

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
---	---

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	

9. Name and Address of Current Registered Agent
**HANCOCK, RICHARD E
4727 N.W. 80TH AVENUE
OCALA FL 34482-2098**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

TITLE	P	<input type="checkbox"/> DELETE
NAME	Stanley M Ersoff	
STREET ADDRESS	1439 W Flagler	
CITY-ST-ZIP	Miami Fl 33135	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Leverett S Miller	
STREET ADDRESS	CR 329	
CITY-ST-ZIP	Fairfield Fl 32634	
TITLE	T	<input type="checkbox"/> DELETE
NAME	Bryan Howlett	
STREET ADDRESS	6775 SW 43rd Ave	
CITY-ST-ZIP	Ocala Fl 34474	
TITLE	D	<input type="checkbox"/> DELETE
NAME	George M Steinbrenner	
STREET ADDRESS	3802 W Martin Luther King Jr Blvd	
CITY-ST-ZIP	Tampa Fl 33614	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Carl Bowling	
STREET ADDRESS	5 Live Oak Dr	
CITY-ST-ZIP	Oxford Fl 34484	
TITLE		<input type="checkbox"/> DELETE
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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
6.2 NAME	S Robert A Cromartie
6.3 STREET ADDRESS	PO Box 890 N/A
6.4 CITY-ST-ZIP	Sumnerfield Fl 34492

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: _____

CR2E037 (10/97)