

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90112 042 ***150.00

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1. Corporation Name TRIPLE 'O' THOROUGHbred FARM, INC.



Principal Place of Business 3407 S. OCEAN BLVD., 5B HIGHLAND BEACH FL 33487 Mailing Address % JANOVER, RUBINROIT, LLC 100 QUENTIN ROOSEVELT BLVD., STE. 516 GARDEN CITY NY 11530

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/26/1998 4. FEI Number 65-0807871 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. [X] No

2. Principal Place of Business 21 26 100 QUENTIN ROOSEVELT Blvd SUITE 516 27 28 GARDEN CITY, N.Y. 29 11530 30

9. Name and Address of Current Registered Agent HAMBY, LOUIS L III 321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480

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 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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS RONALD OLECK 310 EAST 46 STREET 7R NEW YORK, NY 10017 LAWRENCE OLECK 3407 SO OCEAN BLVD 5B HIGHLAND BEACH, FL 33487 THEODORE OLECK 3407 SO OCEAN BLVD 6B HIGHLAND BEACH FL 33487

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 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)(f), 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 607, 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: RONALD OLECK 1/9/99 Date 561 272 5199 Daytime Phone #

CR2E034 (1/198)