

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Madame
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 24 1996 8:00 am
Secretary of State

DOCUMENT # 132807 (9)

1. Corporation Name
HIPPODROME CO.

Principal Place of Business
**% ELLEN W. MCDONNELL
320 N.W. 115 ST.
MIAMI SHORES FL 33168**

Mailing Address
**C/O ELLEN W. MCDONNELL
320 NW 115 ST
MIAMI SHORES FL 33168
US**



2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

**PADRON, OSCAR J
320 N.W. 115 ST.
MIAMI SHORES FL 33155**

3. Date Incorporated or Qualified 07/31/1936	3a. Date of Last Report 02/07/1995
4. FEI Number 59-0291922	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 601.07(1)(c) and 601.07(1)(d), 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 I accept the obligations of Sections 601.07(1)(c) and 601.07(1)(d), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 NAME: PTD MCDONNELL, ELLEN W	13.1 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS: 320 N.W. 115 STREET	13.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 CITY & STATE: MIAMI SHORES FL	13.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME: DTD DUNWOODY, ATWOOD C	13.4 CITY & STATE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 STREET ADDRESS: 200 S BISCYN BLVD #4500	13.5 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 CITY & STATE: MIAMI, FL 00000	13.6 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME: DD SPITZER, ELLEN W	13.7 CITY & STATE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 STREET ADDRESS: 320 N.W. 115 STREET	13.8 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 CITY & STATE: MIAMI SHORES FL	13.9 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME: T PADRON, OSCAR J.	13.10 CITY & STATE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 STREET ADDRESS: 320 NW 115TH STREET	13.11 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.12 CITY & STATE: MIAMI SHORES FL	13.12 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 NAME: VD WEST, MARILYN A	13.13 CITY & STATE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS: 75 E PARKWAY N.	13.14 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.15 CITY & STATE: MEMPHIS, TN 00000	13.15 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.16 NAME: <input type="checkbox"/> DELETE	13.16 CITY & STATE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17 STREET ADDRESS: <input type="checkbox"/> DELETE	13.17 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 CITY & STATE: <input type="checkbox"/> DELETE	13.18 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.19 NAME: <input type="checkbox"/> DELETE	13.19 CITY & STATE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.20 STREET ADDRESS: <input type="checkbox"/> DELETE	13.20 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.21 CITY & STATE: <input type="checkbox"/> DELETE	13.21 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 NAME: <input type="checkbox"/> DELETE	13.22 CITY & STATE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.23 STREET ADDRESS: <input type="checkbox"/> DELETE	13.23 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.24 CITY & STATE: <input type="checkbox"/> DELETE	13.24 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.25 NAME: <input type="checkbox"/> DELETE	13.25 CITY & STATE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.26 STREET ADDRESS: <input type="checkbox"/> DELETE	13.26 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.27 CITY & STATE: <input type="checkbox"/> DELETE	13.27 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.28 NAME: <input type="checkbox"/> DELETE	13.28 CITY & STATE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.29 STREET ADDRESS: <input type="checkbox"/> DELETE	13.29 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.30 CITY & STATE: <input type="checkbox"/> DELETE	13.30 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information furnished herein is true and correct and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information filed on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. If signed by a director or officer of the corporation or the clerk or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in B or C of Part 13 of this report. If signed by an agent, I am familiar with and I accept the obligations of Sections 601.07(1)(c) and 601.07(1)(d), Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

1-17-96 305-754-3484

CR2E034 (12/95)