

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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

02-22-1999 90105 025 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 132807

1. Corporation Name
HIPPODROME CO.



Principal Place of Business
 C/O ELLEN W SPITZER
 1915 A HOLLYWOOD BLVD
 HOLLYWOOD FL 33020
 US

Mailing Address
 C/O ELLEN W SPITZER
 1915 A HOLLYWOOD BLVD
 HOLLYWOOD FL 33020
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/31/1936

2. Principal Place of Business
 21 **1850 MONROE ST**

2a. Mailing Address
 26 **PO BOX 220650**

4. FEI Number
59-0291922

Applied For
 Not Applicable

Suite, Apt. #, etc.
 City & State
HOLLYWOOD, FL
 Zip Country
33020 USA

Suite, Apt. #, etc.
 City & State
HOLLYWOOD FL
 Zip Country
33020 USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELLEN W SPITZER
1915 A HOLLYWOOD BLVD
HOLLYWOOD FL 33020

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PTD <input type="checkbox"/> DELETE
NAME	MARILYN A WEST
STREET ADDRESS	1915 A HOLLYWOOD BLVD
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	STVD <input type="checkbox"/> DELETE
NAME	ELLEN W SPITZER
STREET ADDRESS	1915 A HOLLYWOOD BLVD
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	DD <input type="checkbox"/> DELETE
NAME	JOHN ROBERT KNIGHT
STREET ADDRESS	1915 A HOLLYWOOD BLVD
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SPITZER, ELLEN F
STREET ADDRESS	1915-A HOLLYWOOD BLVD
CITY-ST-ZIP	HOLLYWOOD FL 33020

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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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: Elle SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-99 954/957-6057 Date Daytime Phone #

CR2E034 (11/98)