

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761431 (6)

1. Corporation Name

JOCKEY CLUB III ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 12:15

Principal Place of Business

11111 BISCAYNE BLVD.
MIAMI FL 33181

Mailing Address

11111 BISCAYNE BLVD.
MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1982

3a. Date of Last Report

02/09/1994

4. FEI Number

59-2157365

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21. 11111 Biscayne Blvd
Suite, Apt. #, etc.

2a. Mailing Address

26. 11111 Biscayne Blvd
Suite, Apt. #, etc.

22. City & State

23. N. Miami, FL 33181

24. 33181

27. City & State

28. N. Miami, FL 33181

29. 33181

9. Name and Address of Current Registered Agent

REINHARD, SANFORD N
2875 NE 191ST ST.
SUITE 404
NORTH MIAMI BEACH FL 33180

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ROSENBLUTH, MORTON
STREET ADDRESS 11111 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL

TITLE VD
NAME BLAIR, JERROLD
STREET ADDRESS 11111 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL

TITLE SD
NAME SHULL, CLAIR
STREET ADDRESS 11111 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL

TITLE TD
NAME STEINBERG, MILTON
STREET ADDRESS 11111 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL

TITLE D
NAME LORING, MERYL
STREET ADDRESS 11111 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL

TITLE D
NAME DONOFF, RICHARD
STREET ADDRESS 11111 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Reich, Robert
1.3 STREET ADDRESS 11111 Biscayne Blvd
1.4 CITY-ST-ZIP Miami, FL

2.1 TITLE D
2.2 NAME Green, Robert
2.3 STREET ADDRESS 11111 Biscayne Blvd
2.4 CITY-ST-ZIP Miami, FL 33181

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

[Signature]

Dr. Morton Rosenbluth

President

1/23/95

305-891-1804

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Typed Name)