

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

PROFIT CORPORATION  
ANNUAL REPORT



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

~~1996~~ 1997

**FILED**

97 MAR -3 AM 7:51

DOCUMENT # **L03627** (1)

1. Corporation Name  
**JOCKEY PROPERTIES, INC.**



MWB

Principal Place of Business: C/O SG MIAMI SERVICE CORP. 11111 BISCAYNE BLVD MIAMI FL 33181-3404  
Mailing Address: C/O SG MIAMI SERVICE CORP. 11111 BISCAYNE BLVD MIAMI FL 33181-3404

3. Date Incorporated or Qualified: **07/21/1989**  
3a. Date of Last Report: **03/20/1995**  
4. FEI Number: **65-0135527**  
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 has liability for intangible tax under s 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
**SARDINIA, SAMUEL A.  
11111 BISCAYNE BLVD.  
NORTH MIAMI FL 33161**

10. Name and Address of New Registered Agent  
81 Name: **HERMAN, JACK H.**  
82 Street Address (P.O. Box Number is Not Acceptable): **11111 BISCAYNE BLVD**  
83 City: **N. MIAMI FL 33161**  
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]* DATE: **2/22/97**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERMAN, JACK H.</b>	1.2 NAME	
STREET ADDRESS	<b>11111 BISCAYNE BLVD.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NORTH MIAMI FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KWASHA, CHARLES</b>	2.2 NAME	
STREET ADDRESS	<b>11111 BISCAYNE BLVD.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NORTH MIAMI FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SARDINIA, SAMUEL A.</b>	3.2 NAME	
STREET ADDRESS	<b>11111 BISCAYNE BLVD.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NORTH MIAMI FL</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

900002105349-12  
-03/05/97--01103--004  
\*\*\*\*\*225.00 \*\*\*\*\*225.00

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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **2/22/97** PHONE: **308-893-3344**  
Signature typed or printed name of signing officer or director

CR2E034 (12/95)