FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARIMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N27875 (6)						
FLORIDA BREEDERS' CUP COMMITTEE, INC.						
Principal Place	e of Business	Mailing Address			### B#### 01011 B#01f 0#### 01### 01###	
1040 BAYVIEW	DRIVE	1040 BAYVIEW DRIVE				
SUITE 330 FT. LAUDERDALE FL 33304		SUITE 330 FT. LAUDERDALE FL 33304-2542				
TI. DIOUEIDAL	E 16 00001	The Englisher To 1990			3. Date Incorporated or Qualified 08/15/1988	3a. Date of Last Report 04/25/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0101439	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Zip	Country	Z ip	Count	n/	Trust Fund Contribution	Added to Fees
24	25	29	30	•	8. This corporation has liability for in Florida Statutes	Nes X-No
	9, Name and Address of Current		1501		10. Name and Address of New Reg	
<u>-</u>			8	1 Name		
NATIONAL REGISTERED AGENTS, INC			8	2 Street Add	dress (P.O. Box Number is Not Acceptab	le)
501 BRIC				siede (i tel ben tanisei to tiet needplab		
SUITE 20	00 '		8	3		
MIAMI FL 33131 _			8	4 City		85 Zip Code
 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-ne office or registered agent, or both, in the State of Florida. Such change was authorized by the 					rporation submits this statement for the p ation's board of directors, t hereby accep	urpose of changing its registered It the appointment as registered
11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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 617.0503, Florida Statutes.						
SIGNATURE ,	Signature, typed or printed name of registered agen	and title if applicable (NO)	IE Registered A	noni signalure regu	uired when reinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	EXO	☐ DELETE	1.1 TOTAL			Change Addition
NAME	FRENTZ, CHARLES		1.2 NAM	E		
STREET ADDRESS	1040 BAYVIEW DR., STE. 330		1.3 STRE	ET ADDRESS		li li
CITY-ST-ZIP	FT. LAUDERDALE FL 33304		1.4 CITY			
TITLE	D	DELETE	2.1 TITLE	1		☐ Change ☐ Addition
NAME	GENTRY, HUGH D.		2.2 NAM	1		į.
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP	MAMI FL 33131		2. 4 CITY 3.1 TITLE	-ST-ZIP		Change Addition
NAME	BERNIE, BUDD		3.2 NAM			Shango hoofilon
STREET ADDRESS				ET AODRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021			-ST-ZIP		
TITLE	D	DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME	WOOD, TOM		4. 2 NAN	IE		
STREET ADDRESS	4665 PONCE DE LEON BLVD		4.3 STRE	et address		
CITY-ST-ZIP	CORAL GABLES FL 33146		4.4 CITY			
TITLE	D	☐ DELETE	5.1 TITLE	ì		☐ Change ☐ Addition
NAME	GARVER, JAMES		5.2 NAME			11.00
STREET ADDRESS	200 E LAS OLAS BLVD SUITE	1650		ET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33301	DELETE	5.4 CITY			☐ Change ☐ Addition
TITLE		FT DETELE	61 TITLE	- 1		□ Autaritic □ Modillott
NAME STREET ADDRESS			62 NAM 63 STRE	ET ADDRESS		
CITY ST. 7ID				- ST - 7IP		

I do hereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 ill shanged, or organ exactment with an address.

FILED

Jun 04 1997 8:00am

Secretary of State