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Sep 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N27875
 1. Corporation Name
FLORIDA BREEDERS' CUP COMMITTEE, INC.

Principal Place of Business 1040 Bayview Drive Suite 200 Miami, FL 33131	Mailing Address
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2. Principal Place of Business 21 1901 Harrison Street Suite, Apt. #, etc. 22 City & State 23 Hollywood, FL Zip 24 33020	2a. Mailing Address 26 P.O. Box 1040 Suite, Apt. #, etc. 27 City & State 28 Hollywood, FL Zip 29 33022	Country 25 USA	Country 30 USA
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3. Date Incorporated or Qualified 08/15/88	4. FEI Number 65-0101439	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
National Registered Agents, Inc.
 501 Brickell Key Drive, Suite 200
 Miami, FL 33131

10. Name and Address of New Registered Agent
81 Name **David S. Romanik**
82 Street Address (P.O. Box Number is Not Acceptable) **1901 Harrison Street**
83
84 City **Hollywood** **FL** **85** Zip Code **33020**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *David S. Romanik* **DATE** 9-1-98
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input checked="" type="checkbox"/> DELETE NAME EXD STREET ADDRESS FRENTZ, CHARLES CITY - ST - ZIP 1040 Bayview Dr., Ste. 330 Ft. Lauderdale, FL 33304	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME GUSTAFSON, JOEL K. 1.3 STREET ADDRESS 1 East Broward Boulevard, Ste. 1300 1.4 CITY - ST - ZIP Ft. Lauderdale, FL 33301	TITLE <input checked="" type="checkbox"/> DELETE NAME D STREET ADDRESS BERNIE, BUDD CITY - ST - ZIP 200 S. Park Road, Ste. 200 Hollywood, FL 33021	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME D 2.3 STREET ADDRESS BARRETO, RODNEY 2.4 CITY - ST - ZIP 235 Catalonia Avenue Coral Gables, FL 33134-6704
TITLE <input checked="" type="checkbox"/> DELETE NAME D STREET ADDRESS WOOD, TOM CITY - ST - ZIP 4665 Ponce de Leon Blvd. Coral Gables, FL 33146	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME D 3.3 STREET ADDRESS ROMANIK, DAVID S. 3.4 CITY - ST - ZIP 1901 Harrison Street Hollywood, FL 33020	TITLE <input checked="" type="checkbox"/> DELETE NAME D STREET ADDRESS GARVER, JAMES CITY - ST - ZIP 200 E. Las Olas Blvd., Ste. 1850 Ft. Lauderdale, FL 33301	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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

14. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David S. Romanik* **9-1-98** **954 924 4656**

CP2E037 (10/97)