

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
99 MAR -5 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N27875**
1. Corporation Name

FLORIDA BREEDERS' CUP COMMITTEE, INC.

Principal Place of Business Mailing Address
1901 Harrison Street
Hollywood, FL 33020

2. Principal Place of Business 21 1601 N. Palm Ave., #104A Suite, Apt. #, etc. 22 City & State 23 Pembroke Pines, FL Zip Country 24 33026 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	3. Date Incorporated or Qualified 8/15/88 4. FEI Number 65-0101439 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent David S. Romanik, 1901 Harrison Street Hollywood, FL 33020	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1601 N. Palm Avenue, #104A 83 84 City Pembroke Pines FL 85 Zip Code 33026
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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* (NOTE: Registered Agent signature required when reinstating) DATE 3/2/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	EXD GUSTAFSON, JOEL K. 1 East Broward Boulevard, Ste. 1300 Ft. Lauderdale, FL 33301	1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200002801332-2 -03/10/99--01095--009 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BARRETO, RODNEY 235 Catalonia Avenue Coral Gables, FL 33134-6704	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ROMANIK, DAVID S. 1901 Harrison Street Hollywood, FL 33020	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1601 N. Palm Avenue, Ste. 104A Pembroke Pines, FL 33026
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *David S. Romanik* Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
David S. Romanik

3/2/99 954-441-4441
Date Daytime Phone #

CR2E037 (11/98)