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Jul 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004660 (4)**

1. Corporation Name

SOUTH FLORIDA GREYHOUND ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**6961 S.W. 62ND STREET
MIAMI FL 33143-1841**

**6961 S.W. 62ND STREET
MIAMI FL 33143-1841**

3. Date Incorporated or Qualified

09/04/1996

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

NOT AVAILABLE

☒ 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**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KOGEN, MAX B
6961 S.W. 62ND STREET
MIAMI FL 33143-1841**

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PRESIDENT** ☐ DELETE
NAME **MAX B. KOGEN**
STREET ADDRESS **6961 S.W. 62ND STREET**
CITY-ST-ZIP **MIAMI, FLORIDA 33143-1841**

TITLE **TREASURER** ☐ DELETE
NAME **TERRY HABER**
STREET ADDRESS **12421 S.W. 18 STREET**
CITY-ST-ZIP **MIRAMAR, FLORIDA 33025**

TITLE **SECRETARY** ☐ DELETE
NAME **ROBERT FARR**
STREET ADDRESS **7070 W. 2ND CT**
CITY-ST-ZIP **MIAMI, FLA 33010**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **DIRECTOR** ☐ Change ☐ Addition
1.2 NAME **ROBERT FARR**
1.3 STREET ADDRESS **7070 W. 2ND CT**
1.4 CITY-ST-ZIP **MIAMI, FLA 33052**

2.1 TITLE **DIRECTOR** ☐ Change ☐ Addition
2.2 NAME **MAGGIE SPEARS**
2.3 STREET ADDRESS **1210 W. 4TH AVE**
2.4 CITY-ST-ZIP **MIAMI, FLA 33052**

3.1 TITLE **DIRECTOR** ☐ Change ☐ Addition
3.2 NAME **MICHAEL FYNMORE**
3.3 STREET ADDRESS **7210 W. 4TH AVE**
3.4 CITY-ST-ZIP **MIAMI, FLORIDA 33052**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 **Max B. Kogen** **7/1/97**

CR2E037 (9/96)