04021999-90071-004-$61.25-$61.25

FILED
Apr 02, 1999 8:00 am
Secretary of State
04-02-1999 90071 004 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004660

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~~

2. Principal Place of Business	2a. Mailing Address
21 15665 Miami Lakeway	26 15665 Miami Lakeway
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami Lakes FL	28 City & State: Miami Lakes FL
24 Zip: 33014 25 Country: USA	29 Zip: 33014 30 Country: USA

3. Date Incorporated or Qualified: 09/04/1996
FEI Number: 65-0703835 ☐ 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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: Lawrence Henry
82 Street Address (P.O. Box Number is Not Acceptable): 15665 Miami Lakeway N.
83
84 City: Miami Lakes FL 85 Zip Code: 33014

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: Lawrence Henry 4/14/99
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	P	☒ DELETE	1.1 TITLE	P (T)	☐ Change ☒ Addition
NAME	KOGEN, MAX B		1.2 NAME	Larry Henery	
STREET ADDRESS	6961 SW 62ND ST		1.3 STREET ADDRESS	15665 Miami Lakeway N. #307-A	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami Lakes, FL 33014	
TITLE	T	☐ DELETE	2.1 TITLE	Sec. (T)	☐ Change ☒ Addition
NAME	HABER, TERRY		2.2 NAME	Greg Geter	
STREET ADDRESS	12421 SW 19 ST		2.3 STREET ADDRESS	10420 Buttonwood Ave	
CITY-ST-ZIP	MIRAMAR FL		2.4 CITY-ST-ZIP	Pembroke Pines, FL 33026	
TITLE	D	☒ DELETE	3.1 TITLE	D Joe Trudden	☐ Change ☒ Addition
NAME	SPEARS, MAGGIE		3.2 NAME	5550 NW 2nd St (305) 245-1470	
STREET ADDRESS	7210 W 4TH AVE		3.3 STREET ADDRESS	Miami Fl. 33126 (Director)	
CITY-ST-ZIP	HIALEAH FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	D Clayton Black	☐ Change ☒ Addition
NAME	FYNMORE, MICHAEL		4.2 NAME	7218 W. 4th Av. (Director)	
STREET ADDRESS	7210 W 4TH AVE		4.3 STREET ADDRESS	Hialeah Fl. 33027	
CITY-ST-ZIP	HIALEAH FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: SIGNATURE REQUIRED 3/31/99 (954) 438-6470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #