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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N97000002284

1. Corporation Name

SOUTH FLORIDA THOROUGHBRED MARKETING CORP.

Principal Place of Business

20801 BISCAYNE BLVD., SUITE 442
AVENTURA FL 33180

Mailing Address

20801 BISCAYNE BLVD., SUITE 442
AVENTURA FL 33180



2. Principal Place of Business

21 Suite, Apt. #, etc.

Suite 409

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite 409

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

04/22/1997

4. FEI Number

65-0755436

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

ROMANIK, DAVID S
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)

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

TITLE ☐ DELETE
NAME **D SCOTT SAVIN**
STREET ADDRESS **3757 NE 208TH TERR**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ DELETE
NAME **DAVID ROVINE**
STREET ADDRESS **301 S FEDERAL HWY**
CITY-ST-ZIP **MELBOURNE FL**

TITLE ☐ DELETE
NAME **MIKE CRONIN**
STREET ADDRESS **1119 S BRAM WAY**
CITY-ST-ZIP **COOPER CITY FL 33026**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 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

1/5/99

(305) 935-5940

CR2E037 (11/98)