

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000078338 (7)
1. Corporation Name

FLORIDA TURF WRITERS/MEDIA ASSOCIATION, INC.



Principal Place of Business: **POST OFFICE BOX 374 HALLANDALE FL 33008-0374**
Mailing Address: **POST OFFICE BOX 374 HALLANDALE FL 33008-0374**

3. Date Incorporated or Qualified: **10/12/1995**
3a. Date of Last Report
4. FEI Number: **59-6142418**
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

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PLATKIN, STAN
11630 NW 11TH STREET
PEMBROKE PINES FL 33026-3837**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

(If OFF. Registered Agent's signature required when reinstating)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLATKIN, STAN	1.2 NAME	
STREET ADDRESS	11630 NW 11TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES FL 33026-3837	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLATER, BOB	2.2 NAME	
STREET ADDRESS	200 LESLIE DRIVE APT. 619	2.3 STREET ADDRESS	
CITY - ST - ZIP	HALLANDALE FL 33009	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUCHER, BILL	3.2 NAME	
STREET ADDRESS	6667 SW 41ST COURT	3.3 STREET ADDRESS	
CITY - ST - ZIP	DAVIE FL 33314	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIOCHETTI, JAN	4.2 NAME	
STREET ADDRESS	1364 WEST 62ND STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL 33012	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICOLETTI, RON	5.2 NAME	
STREET ADDRESS	1075 SAN LUIS REY	5.3 STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE FL 33325	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, BILL	6.2 NAME	
STREET ADDRESS	1612 HARRISON ST APT. 7	6.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL 33020	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Stan Platkin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/08/96

954-434-3737

Date

Daytime Phone #

CR2E034 (3/96)