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FILED

**Jan 17 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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 **06/13/1996**
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 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

9. Name and Address of Current Registered Agent

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

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD <input type="checkbox"/> DELETE
NAME	PLATKIN, STAN
STREET ADDRESS	11630 NW 11TH STREET
CITY-ST-ZIP	PEMBROKE PINES FL 33026-3837
TITLE	D <input type="checkbox"/> DELETE
NAME	SLATER, BOB
STREET ADDRESS	200 LESLIE DRIVE APT. 619
CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	D <input type="checkbox"/> DELETE
NAME	BRAUCHER, BILL
STREET ADDRESS	6667 SW 41ST COURT
CITY-ST-ZIP	DAVIE FL 33314
TITLE	D <input type="checkbox"/> DELETE
NAME	CIOCHETTI, JAN
STREET ADDRESS	1364 WEST 62ND STREET
CITY-ST-ZIP	HIALEAH FL 33012
TITLE	D <input type="checkbox"/> DELETE
NAME	NICOLETTI, RON
STREET ADDRESS	1075 SAN LUIS REY
CITY-ST-ZIP	FORT LAUDERDALE FL 33325
TITLE	D <input type="checkbox"/> DELETE
NAME	PHILLIPS, BILL
STREET ADDRESS	1612 HARRISON ST APT. 7
CITY-ST-ZIP	HOLLYWOOD FL 33020

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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* **Stan Platkin** X 1/13/97 X 954 434-3737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)