

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Feb 02 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/12/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-6142418	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PLATKIN, STAN	1.2 NAME	BLANCO, MICHELE
STREET ADDRESS	11630 NW 11TH STREET	1.3 STREET ADDRESS	9441 S.W. 52ND STREET
CITY-ST-ZIP	PEMBROKE PINES FL 33026-3837	1.4 CITY-ST-ZIP	COOPER CITY, FL 33328
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SLATER, BOB	2.2 NAME	SALTZMAN, PHIL
STREET ADDRESS	200 LESLIE DRIVE APT. 619	2.3 STREET ADDRESS	7544 S.W. 28TH STREET
CITY-ST-ZIP	HALLANDALE FL 33009	2.4 CITY-ST-ZIP	DAVIE, FL 33314
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	TANENBAUM, JDE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAUCHER, BILL	3.2 NAME	720D S.W. 132ND STREET
STREET ADDRESS	6867 SW 41ST COURT	3.3 STREET ADDRESS	MIAMI, FL 33156
CITY-ST-ZIP	DAVIE FL 33314	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CIOCHETTI, JAN	4.2 NAME	STREVA, CHARLES
STREET ADDRESS	1364 WEST 62ND STREET	4.3 STREET ADDRESS	3402 TORRE MOLINOS AVENUE
CITY-ST-ZIP	HIALEAH FL 33012	4.4 CITY-ST-ZIP	MIAMI, FL 33172
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 checked="" 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 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** 1/12/98 954-434-3737

CR2E034 (10/97)