

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

FILED
Feb 01, 1999 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1999



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

02-01-1999 90039 041 ****150.00

DOCUMENT # P95000078338

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/12/1995
4. FEI Number: 59-6142418
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 owes the current year Intangible Personal Property Tax: [X] Yes [] No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, City & State, Zip, and Country.

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 (81-85) fields for Name, Street Address, City, and 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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD [] DELETE	1.1 TITLE	[] Change [] 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 [] DELETE	2.1 TITLE	[] Change [] 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 [] DELETE	3.1 TITLE	[] Change [] 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 [] DELETE	4.1 TITLE	[] Change [] 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 [] DELETE	5.1 TITLE	[] Change [] 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 [] DELETE	6.1 TITLE	[] Change [] Addition
NAME	BLANCO, MICHELE	6.2 NAME	
STREET ADDRESS	9441 SW 52ND ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL 33328	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, with all other like empowered.

SIGNATURE: Stan Platkin REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1/11/99 Daytime Phone #

CR2E034 (11/98)