

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

FILED
May 17, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 97000075440(2) Corporation Name SOUTH FLORIDA TURF MANAGEMENT INC.			
Principal Place of Business 11709 TERRA BELLA PLANTATION BLVD FL 33325		Mailing Address 11709 TERRA BELLA BLVD FL 33325	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
Name and Address of Current Registered Agent		Name and Address of New Registered Agent	
81 Name TOBB MATHEIS		82 Street Address (P.O. Box Number is Not Acceptable) 11709 TERRA BELLA BLVD	
83		84 City PLANTATION	
85		86	
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 TOBB MATHEIS		DATE 4/22/99	
OFFICERS AND DIRECTORS			
1.1 TITLE <input type="checkbox"/> DELETE		1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
2.1 TITLE <input type="checkbox"/> DELETE		2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
3.1 TITLE <input type="checkbox"/> DELETE		3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> DELETE		4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> DELETE		5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> DELETE		6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: **TOBB MATHEIS** DATE: **4/23/99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR