FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90148 027 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

' Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P35314
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Corporation Name

DAILY RA	ACING FORM, INC.					
Principal Place	e of Business	Mailing Address		(1101 01011 01011 01011 01-11 01-11 01-11 01-11 01-11 01-11 01-11 01-11 01-11 01-11 01-11 01-11 01-11 01-11 01-	5 11 2 1249 12-04
10 LAKE DRIVE 10 LAKE DRIVE HIGHSTOWN NJ 08520 US US				DO NOT WRITE IN THIS SPACE		
• •				3. Date Incorporated or Qualifed		į,
				08/29/1991		
2. Principal Pt	ace of Business	2a. Mailing Address		4. FEI Number		olied For
21/22/31	E. Camelback ##X	261 aa31 E. <u>Ca</u>	<u>melbact</u>	<u> 13-3616342</u>		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	٥	5. Certificate of Status Desired	S8.75 A	
City & State	6 A	28 Phoenly	なて	Election Campaign Financing Trust Fund Contribution	55.00 i	
		28 P110-2117				3 7 663
Zip OG	016 25 USA	Zip 85016 30	COUCTS	This corporation owes the current Personal Property Tax.		□No
24 80			1	10. Name and Address of New Re		
	9. Name and Address of Current	Registered Agent	B1 Name	10. Hallie dist Musicans of Heat Inc.	Historian Again	
CTC	CORPORATION SYSTEM					
	S. PINE ISLAND ROAD		82 Street A	Address (P.O. Box Number is Not Acceptable	e)	
,	TATION FL 33324		83			
PLAN	TIAIRUN PL 33324		2			
			84 City		FL 85 Zip C	ode
			<u> </u>	repression submits this statement for the D	rpose of changing its	registered
11. Pursuant to the provisions of Sections 807.0502 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	• • • •					<u> </u>
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Agent signature re	guired when rearistating)	DATE	<u> </u>
SIGNATURE	• • • •	and the if applicable. (NOTE: Re	gistered Agent signature re	quired when reunstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTOR	<u> </u>
	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: Re	gistered Agent signature re 13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	RS IN 12
12.	Signature, typed or printed name of registered agent. OFFICERS AND D REILLY, WILLIAM F.	and the if applicable. (NOTE: Re	gistered Agent signature re 13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	RS IN 12
12.	Signature, typed or printed name of registered agent OFFICERS AND	and the if applicable. (NOTE: Re	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS	additions/changes to offi CEO Steven Crist III Mulford Place # 4	CERS AND DIRECTO	RS IN 12
12. TITLE	Signature, typed or printed name of registered agent. OFFICERS AND D REILLY, WILLIAM F.	and 586 If applicable. (NOTE: Re D DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZP	ADDITIONS/CHANGES TO OFFI CEO Steven Crist II Mulford Place # 4 Hempsted NY 11550	DATE CERS AND DIRECTO Change	RS IN 12
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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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAING OFFICER OR DIRECTOR

121 99 (602/468-6565)

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