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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **379314** **(8)**

1. Corporation Name
CALDER RACE TRACK CONCESSIONS, INC.

Principal Place of Business	Mailing Address
P.O. DRAWER 694117 MIAMI FL 33269	P.O. DRAWER 694117 MIAMI FL 33269

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/24/1971	08/04/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-1320876 — ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~GOODKIND, BRIAN K~~ ~~8501 C BAYSHORE DR~~ ~~STE 1000~~ ~~MIAMI FL 33138~~	81 CORPORATION SERVICE COMPANY 82 Street Address 83 1201 Hays Street 84 City Tallahassee FL 85 Zip Code 32301

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 [signature] AS ITS AGENT 05-01-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	11 TITLE		☐ Change ☐ Addition
NAME	ARMSTRONG JR., JOSEPH	12 NAME		
STREET ADDRESS	8 HAWTHORNE AVE.	13 STREET ADDRESS		
CITY ST ZIP	WINCHESTER MA	14 CITY ST ZIP		
TITLE	P	21 TITLE		☐ Change ☐ Addition
NAME	ARMSTRONG JR., JOSEPH	22 NAME		
STREET ADDRESS	8 HAWTHORNE AVE.	23 STREET ADDRESS		
CITY ST ZIP	WINCHESTER MA	24 CITY ST ZIP		
TITLE	~~COO~~	31 TITLE		☒ Change ☐ Addition
NAME	~~TRIMBLE, CRAIG S.~~	32 NAME	REMOVED AS AN OFFICER	
STREET ADDRESS	~~1905 N. ATLANTIC BLVD. #3-B~~	33 STREET ADDRESS		
CITY ST ZIP	~~FT. LAUDERDALE FL~~	34 CITY ST ZIP		
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	GLINSKI, PAUL E	42 NAME		
STREET ADDRESS	36 WASH POND ROAD	43 STREET ADDRESS		
CITY ST ZIP	HAMPSTEAD NH	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 or Block 14 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/4/95 617-499-2700
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #
PAUL E. GLINSKI

0432900 FP