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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

379314

(8)

CALDER RACE TRACK CONCESSIONS, INC.

FILED Feb 27 1998 8:00am Secretary of State

	THOSE THACK CONCEC	010140, 1140.			
Principal Plac	e of Business	Mailing Address		C SMALON LINIT OBGIN INTON HISDS SINTE ASDE MEDICA	ISAN MITANI MISANI SIBIN MITANI NATA
111 SIXTH STREET CAMBRIDGE MA 02141 111 SIXTH STREET CAMBRIDGE MA 02141			DO NOT WRITE IN THE	S SPACE	
				3. Date Incorporated or Qualified	
				03/24/1971	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1320876	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22 27			5. Certificate of Status Desired	Fee Required	
City & State City & State			6. Election Campaign Financing	\$5.00 May Be	
Zip	Country		Country	Trust Fund Contribution	Added to Fees
24	25		Country 30	8. This corporation owes or has paid the c	
24	9. Name and Address of Curre		[30]	Personal Property Tax due June 30. 10. Name and Address of New Registere	
CORPORATION SERVICE COMPANY 81 Name					
	01 HAYS STREET	141			
	LLAHASSEE FL 32301		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
•			83		
			01 01		
			84 City	F/	85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the Statem familiar with, and accept the oblig	02 and 607.1508, Florida Statute e of Florida. Such change was a pations of Section 607.0505. Flo	es, the above-named corporal uthorized by the corporal utida Statutes	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNATURE	•	gamente en econom econoceo, mo	inda Statutos.		
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable (NOTE	Registered Agent signature requi	red when reinstating) DATE	····
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PSD	☐ DELETE	1.1 TITLE		Change Addition
NAME	ARMSTRONG, JOSEPH		1.2 NAME	L,	;
STREET ADDRESS	8 HAWTHORNE AVE.		1.3 STREET ADDRESS		li li
CITY-ST-ZIP	WINCHESTER MA 01890		1.4 CITY - ST - ZIP		
TITLE	0.000	∐ DELET E	2.1 TITLE		☐ Change ☐ Addition C
NAME	GLINSKI, PAUL		2.2 NAME		
STREET ADDRESS	36 WASH POND RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	HAMSTEAD NH 03841	Посисте	2. 4 CITY-ST-ZIP		
TITLE NAME		☐ DELETE	3.1 TITLE		Change Addition
STREET ADDRESS			3.2 NAME		
			3.3 STREET ADDRESS		
CITY+ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME			4.1 IIILE 4. 2 NAME		☐ Change ☐ Addition
STREET ADDRESS					
CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		_ onunge rudinon
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	artifu that the information executed a	ith this files does not avalle for	0.4 OH 1-31-2F	0	

4. 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 of 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 expropration withe report of trustee impowered 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 of an all officers.