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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 379314

CALDER	RACE TRACK CONCESSI	ONS, INC.							
Principal Place	e of Business	Mailing Address				1 SERIBE	IBI BIBII 01611 01911		IN GEO N 1 05 1
111 SIXTH STREET CAMBRIDGE MA 02141 111 SIXTH STREET CAMBRIDGE MA 02141 CAMBRIDGE MA 02141					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/24/1971 4. FEI Number Applied For 59-1320876 Not Applied For 59-1320876 S8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation owes the current year Intangible Personal Property Tax.				
						3. Date Incorporated or Qualifed		•••	
						03/24/1971			
2. Principal P	Place of Business	2a. Mailing Addre	ess					Appl	lied For
21		26				59-132 <u>0876</u>		Not a	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired			
City & Stat	te	City & State	,		-	6. Election Campaign Financing	ຸ \$5	5.00 M	/lay Be
23		28				Trust Fund Contribution			
Zip	Country	Zip		Country	,	8. This corporation owes the current			_
24	25	29	30	1		Personal Property Tax.			□No
	9. Name and Address of Curre	ent Registered Agent			- :: 	10. Name and Address of New Reg	istered Agent		
COD	DODATION CEDVICE COMPANI	v		81	Name				
1201	rporation service compan' 1 hays street	· ·		82	Street Add	Address (P.O. Box Number is Not Acceptable)			
TALL	LAHASSEE FL 32301			83					
				84	City		85	Zip Co	ode
!				04	City		FL °°	Zip Oc	
Tt. Tuisdain		001 001				poration submits this statement for the pur		as regi	niorani
agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered ag	gations of, Section 607.0	ge was auth 0505, Florida	onzed by a Statutes	the corporat	tion's board of directors. I hereby accept the	DATE		
agent. I a	am familiar with, and accept the oblig Signature, typed or printed name of registered as OFFICERS A	gations of, Section 607.0 gent and title if applicable. AND DIRECTORS	ge was auth 0505, Florida (NOTE: Re	onzed by a Statutes	the corporat	lion's board of directors. I hereby accept the	DATE ERS AND DIR	ECTOR	RS IN 12
agent. I a SIGNATURE	Signature, typed or printed name of registered at OFFICERS A	gations of, Section 607.0 gent and title if applicable. AND DIRECTORS	ge was auth 0505, Florida	orized by Statutes gistered Ager	the corporat	tion's board of directors. I hereby accept the	DATE	ECTOR	
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lied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information moviful an oral report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an effective or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in latter ment with an address, with all other like empowered. 14. I hereby certify that the information expelies indicated on this semidifference supplementation or the Block 12 of Block 13 if changes, or on a la

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

BEQUIRED

Paul E. Glinski VIE/59

FILED

Feb 16, 1999 8:00am

Secretary of State

02-16-1999 90043 019 ***150.00