

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **499606** (2)

1. Corporation Name
HOLLYWOOD GREYHOUND TRACK, INC.



Principal Place of Business: **831 NORTH FEDERAL HIGHWAY HALLANDALE FL 33009**
Mailing Address: **831 NORTH FEDERAL HIGHWAY HALLANDALE FL 33009**

2. Principal Place of Business: 21, 22, 23, 24, 25
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **03/24/1976**
3a. Date of Last Report: **04/04/1995**
4. FEI Number: **38-1435702**
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: **ADKINS, DANIEL K. 831 N FEDERAL HIGHWAY HALLANDALE FL 33009**
10. Name and Address of New Registered Agent: 81, 82, 83, 84, 85

11. Pursuant to the provisions of Sections 607.0602 and 607.1502, 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 607.0603, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTMAN, BERNARD L.	2. NAME	
STREET ADDRESS	831 N FEDERAL HWY	3. STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	4. CITY-ST-ZIP	
TITLE	SD	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYNER, HERBERT	22. NAME	
STREET ADDRESS	831 N FEDERAL HWY	23. STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	24. CITY-ST-ZIP	
TITLE	D	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLER, WALTER	32. NAME	
STREET ADDRESS	24800 N. WESTERN HWY	33. STREET ADDRESS	
CITY-ST-ZIP	SOUTHFIELD MI	34. CITY-ST-ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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.

SIGNATURE: *Bernard L. Hartman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BERNARD L. HARTMAN

March 25, 1996 954 454-9400
DATE OFFICE PHONE

CR2E034 (12/95)