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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90133 019 \*\*\*150.00

DOCUMENT #	499606
1 Corporation Name	70000

HOLLYWOOD GREYHOUND TRACK, INC.

Principal Place of Business 831 NORTH FEDERAL HIGHWAY HALLANDALE FL 33009		Mailing Address 831 NORTH FEDERAL HIGHWAY HALLANDALE FL 33009		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					03/24/1976		
	Place of Business	2a. Mailing Address			4. FEI Number	1	Applied For
Suite, Apt	# atc	26			38-1435702	1	Not Applicable
22	<del>#, 6</del> 10.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	1 '	Additional
City & Sta	ite	City & State	<del></del>			Fee F	Required
23		28			6. Election Campaign Financing	,	May Be
Zip	Country	Zip	Country	<del>,</del> .	Trust Fund Contribution		to Fees
24	25	29	30		<ol> <li>This corporation owes the current Personal Property Tax.</li> </ol>	year intangible	□No
	9. Name and Address of Curre		-		10. Name and Address of New Reg		
A Da	VALCE DANGE IV		81	Name		<u></u>	
	KINS, DANIEL K.		82	Street Ac	ddress (P.O. Box Number is Not Acceptable	<u> </u>	
	N FEDERAL HIGHWAY		02	SileerA	udress (P.O. Box Number is Not Acceptable	·)	
ΠAL	LANDALE FL 33009		83			<del></del>	<del></del>
			84	City			
				1			Code
office or agent. I a	am familiar with, and accept the obliga	ations of, Section 607.0505, Flori	ida Statutes	ne corpora	orporation submits this statement for the pur ation's board of directors. I hereby accept th	pose of changing its le appointment as re	s registered egistered
12.	Signature, typed or printed name of registered age	Int and title if applicable. (NOTE: I ND DIRECTORS		t signature requ	The second secon	DATE	
TITLE	PD	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICE		
NAME	HARTMAN, BERNARD L.	2,0000	1.2 NAME			☐ Change	Addition:
STREET ADORESS				ADDDEOG			
CITY-ST-ZIP	HALLANDALE FL		1.3 STREET				
TITLE	SD	☐ DELETE	1.4 CITY- ST 2.1 TITLE	1-ZIP		Change	
NAME	TYNER, HERBERT		2.2 NAME	İ		Change	Addition
STREET ADDRESS	831 N FEDERAL HWY		2.3 STREET	ADDDESS			ļ
CITY-8T-ZIP	HALLANDALE FL		2.3 STREET	1			ļ
TITLE	D	☐ DELETE	3.1 TITLE	1-ZIF _		☐ Change	Addition
NAME	MULLER, WALTER		3.2 NAME			□ Cilaige	
STREET ADORESS	24800 N. WESTERN HWY		3.3 STREET	ADDRESS			ļ
CITY-ST-ZIP	SOUTHFIELD MI		3.4. CITY-S1			•	
TMLE		☐ DELETE	4.1 TITLE		*	Change	Addition
NAME			4.2 NAME				[] Addition
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP		_	4.4 CITY-ST				- 1
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME			_ **	
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP		·	5.4 CITY-ST	ZIP			1
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME			,	1
STREET ADDRESS			6.3 STREET	ADDRESS			

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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: BERNARD L HARTMAN SIGNATURE AND TYPED OR PRINTED NAME OF

FEB.8,99

954-454-9400

Daytime Phone #