

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 MAR -3 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **726978** (0)
1. Corporation Name
FLORIDA ASSOCIATION OF RACING OFFICIALS, INC.

Principal Place of Business Mailing Address
21001 N.W. 27TH AVE. MIAMI FL 33056-1461
21001 N.W. 27TH AVE. MIAMI FL 33056-1461

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/19/1973	3a. Date of Last Report 04/01/1994
4. FEI Number 59-6522856	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
SHARP, GEORGE
9752 S.W. 190TH ST.
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when remaining)

12. OFFICERS AND DIRECTORS	
TITLE	DP SHARP, GEORGE
NAME	8752 S.W. 190 STREET
STREET ADDRESS	MIAMI FL
CITY - ST - ZIP	
TITLE	DS NICKS, JOHN
NAME	2584 LAKE VIEW COURT
STREET ADDRESS	COOPER CITY FL
CITY - ST - ZIP	
TITLE	VD DUNN, KENNETH
NAME	11122 NORTH RIO VISTA BLVD.
STREET ADDRESS	FT. LAUDERDALE FL
CITY - ST - ZIP	
TITLE	DT CAMAC, CHARLES
NAME	2288 SW 82 AVE.
STREET ADDRESS	DAVE FL
CITY - ST - ZIP	
TITLE	D PURCELL, CHARLES
NAME	30 W. 33RD ST.
STREET ADDRESS	HIALEAH FL
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DS FRANK CUNDALL
1.3 STREET ADDRESS	4741 TIMBERS WAY
1.4 CITY - ST - ZIP	BOCA RATON, FL. 33428
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information submitted 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 017, Florida Statutes, and that my name appears in Block 12 or 13, or both, on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF BANKING OFFICER OR DIRECTOR

Fee 24, 1995

Daytime Phone #