

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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: 21001 N.W. 27TH AVE. MIAMI FL 33056-1461  
Mailing Address: 21001 N.W. 27TH AVE. MIAMI FL 33056-1461

3. Date Incorporated or Qualified: 07/19/1973  
3a. Date of Last Report: 03/03/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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: Charles Camac  
82 Street Address (P.O. Box Number is Not Acceptable): 2286 SW 81 AVE  
83  
84 City: Davie FL 85 Zip Code: 33324

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Charles Camac x *Charles Camac* DATE: 3/12/96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SS D	<input type="checkbox"/> DELETE
NAME	CUNDALL, FRANK	
STREET ADDRESS	11741 TIMBERS WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE CHANGE →
NAME	DUNN, KENNETH	
STREET ADDRESS	11122 NORTH RIO VISTA BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAMAC, CHARLES	
STREET ADDRESS	2286 SW 82 AVE.	
CITY-ST-ZIP	DAVIE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PURCELL, CHARLES	
STREET ADDRESS	30 W. 33RD ST.	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DUNN KENNETH	
1.3 STREET ADDRESS	11122 NORTH RIO VISTA BLVD	
1.4 CITY-ST-ZIP	FT LAUD. FLA	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jeffrey Noe	
2.3 STREET ADDRESS	4580 EASTLAKE WAY	
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33326	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Trumphay Robt D	
3.3 STREET ADDRESS	931 WASHINGTON ST.	
3.4 CITY-ST-ZIP	Hollywood, FLA.	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Pennock, Patricia	
4.3 STREET ADDRESS	420 SW 83RD WAY #108	
4.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charles Camac* DATE: 3/12/96 DAYTIME PHONE #: 305-625-1311  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SG-4-1896

CR2E037 (12/95)