


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90109 047 \*\*\*\*61.25

0025598

|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # 726978**

1. Corporation Name  
**FLORIDA ASSOCIATION OF RACING OFFICIALS, INC.**

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



|   |                           |  |
|---|---------------------------|--|
| 2. Principal Place of Business<br>21            | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br>07/19/1973  |
| Suite, Apt. #, etc.<br>22                       | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-6522856  |
| City & State<br>23                              | City & State<br>28        | Applied For<br>Not Applicable  |
| Zip<br>24                                       | Country<br>25             | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                    |
|   | Zip<br>29                 | Country<br>30  |
| 9. Name and Address of Current Registered Agent |                           | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |

9. Name and Address of Current Registered Agent

**Soth**  
**SETH, RANDALL E**  
**700 NE 27TH AVE**  
**HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

81 Name **Soth, Randall E**

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 *Randall E. Soth* DATE **FLA 18, 1999**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | DS                          | <input type="checkbox"/> DELETE |
| NAME           | CUNDALL, FRANK              |                                 |
| STREET ADDRESS | 11741 TIMBERS WAY           |                                 |
| CITY-ST-ZIP    | BOCA RATON FL               |                                 |
| TITLE          | T                           | <input type="checkbox"/> DELETE |
| 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 type="checkbox"/> DELETE |
| NAME           | NOE, JEFFREY                |                                 |
| STREET ADDRESS | 1580 EASTLAKE WAY           |                                 |
| CITY-ST-ZIP    | FT LAUDERDALE FL 33326      |                                 |
| TITLE          | D                           | <input type="checkbox"/> DELETE |
| NAME           | HUMPHREY, ROBERT D          |                                 |
| STREET ADDRESS | 931 WASHINGTON ST           |                                 |
| CITY-ST-ZIP    | HOLLYWOOD FL                |                                 |
| TITLE          | D                           | <input type="checkbox"/> DELETE |
| NAME           | PENNOCK, PATRICIA           |                                 |
| STREET ADDRESS | 420 SW 83 WAY #108          |                                 |
| CITY-ST-ZIP    | PEMBROKE PINES FL 33026     |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, upon an attachment with an address, with all other like empowered.

SIGNATURE: *Randall E. Soth* DATE: **2/18/99** DAYTIME PHONE #: **305-625-1311**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)