

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

Amended Report

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

DOCUMENT # F95000003978 (2) 96 DEC 27 AM 9:12

1. Corporation Name

NATIONAL HORSEMEN'S ADMINISTRATION CORPORATION
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

20801 BISCAYNE BLVD #426
AVENTURA FL 33180

Mailing Address

20801 BISCAYNE BLVD #426
AVENTURA FL 33180

3. Date Incorporated or Qualified

08/16/1995

3a. Date of Last Report

2. Principal Place of Business

21 20801 BISCAYNE BLVD.

Suite, Apt. #, etc.

22 #442

City & State

23 AVENTURA, FL

Zip

24 33180

Country

25

2a. Mailing Address

26 20801 BISCAYNE BLVD.

Suite, Apt. #, etc.

27 #442

City & State

28 AVENTURA, FL

Zip

29 33180

Country

30

4. FEI Number

72-1152182

Applied For

Not Applicable

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

SAVIN, SCOTT
3757 NE 208 TERRACE
AVENTURA FL 33180

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

Signature, typed or printed name of officer or director and title (Page 1 of 2)

Signature, typed or printed name of officer or director and title (Page 2 of 2)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DC
HAGAN, ED
20133 NE BROADWAY CT
TROUTDALE OR 97060

☐ DELETE

TITLE

D
STIRLING, KENT
8301 NW 19TH ST
PEMBROKE PINES FL 33024

☐ DELETE

TITLE

D
HILES, RICK
4211 SOUTHERN PKWY
LOUISVILLE KY 40214

☐ DELETE

TITLE

P
BOWMAN, MELVYN
95 W PINE ST
PALMYRA PA 17078

☒ DELETE

TITLE

ST
SAVIN, SCOTT
3757 NE 208 TERRACE
AVENTURA FL 33180

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P
WAMSLEY, BILL
398 BARNETT DRIVE
BATESVILLE, AR 72501

☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 recorder 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 to an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Daytime) Phone #

CR2E034 (12/95)