

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

FILED

Feb 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000003978 (2)**  
1. Corporation Name:  
**NATIONAL HORSEMEN'S ADMINISTRATION CORPORATION**



Principal Place of Business <b>20801 BISCAYNE BLVD #442 AVENTURA FL 33180 US</b>	Mailing Address <b>20801 BISCAYNE BLVD # 442 AVENTURA FL 33180-1430 US</b>
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2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>08/16/1995</b>	3a. Date of Last Report <b>06/24/1996</b>
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>72-1152182</b>	Applied For <input type="checkbox"/> Not Applicable
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>SAVIN, SCOTT 3757 NE 208 TERRACE AVENTURA FL 33180</b>				10. Name and Address of New Registered Agent	
<b>81</b> Name					
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)					
<b>83</b>					
<b>84</b> City				<b>FL</b>	<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DC</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAGAN, ED</b>	1.2 NAME	
STREET ADDRESS	<b>20133 NE BROADWAY CT</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TROUTDALE OR 97080</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STIRLING, KENT</b>	2.2 NAME	
STREET ADDRESS	<b>8301 NW 19TH ST</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PEMBROKE PINES FL 33024</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HILES, RICK</b>	3.2 NAME	
STREET ADDRESS	<b>4211 SOUTHERN PKWY</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LOUISVILLE KY 40214</b>	3.4 CITY - ST - ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALMSLEY, BILL</b>	4.2 NAME	
STREET ADDRESS	<b>308 BARNETT DRIVE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BATESVILLE AK</b>	4.4 CITY - ST - ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAVIN, SCOTT</b>	5.2 NAME	
STREET ADDRESS	<b>3757 NE 208 TERRACE</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>AVENTURA FL 33180</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:  **SCOTT SAVIN** 1/27/97 (302) 935-4700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)