

F95000003990

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Horsemen's Benevolent & Protective Association, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Scott Savin

(Name of Person)

Horsemen's Benevolent & Protective Association, Inc.

(Firm/Company)

20801 Biscayne Boulevard, Suite 426

(Address)

Aventura, FL 33180

(City/State/Zip)

FILED
SECTION 1
8/17

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Should you need to call someone concerning this matter, please call:

Scott Savin

(Name of Person)

at (305) 933-0023

(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

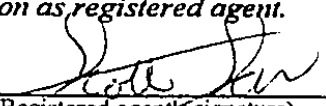
NON-PROFIT
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA

(17)
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:

1. Horsemen's Benevolent & Protective Association, Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Kentucky
(State or country under the law of which it is incorporated)
3. 53-0228377
(FBI number, if applicable)
4. July 21, 1982
(Date of Incorporation)
5. perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.135, F.S.))
7. 20801 Biscayne Boulevard, Suite 426
Aventura, FL 33180
(Current mailing address)
8. Horsemen's Service Organization
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: Scott Savin
Office Address: 3757 NE 208 Terrace
Aventura, Florida, 33180
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG 16 PM 2:06

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: Mr. Ed Hagan

Address: 20133 NE Broadway Court, Troutdale, OR 97060

Vice Chairman: none

Address: _____

Director: Mr. Kent Stirling

Address: 8301 NW 19th Street

Pembroke Pines, FL 33024

Director: Mr. Rick Hilson

Address: 4211 Southern Parkway

Louisville, KY 40214

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Mr. Melvyn Bowman

Address: 95 West Pine Street

Palmyra, PA 17078

Vice President: none

Address: _____

Secretary: Mr. Scott Savin

Address: 3757 NE 208 Terrace

Aventura, FL 33180

Treasurer: Mr. Scott Savin

Address: 3757 NE 208 Terrace, Aventura, FL 33180

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Scott Savin, Secretary/Treasurer

(Typed or printed name and capacity of person signing application)




OFFICE OF THE SECRETARY OF STATE
**CERTIFICATE OF EXISTENCE
DOMESTIC CORPORATION**

I, BOB BABBAGE, Secretary of State of the Commonwealth of Kentucky, do hereby certify, that according to the records in the office of the Secretary of State of the Commonwealth of Kentucky, HORSEMEN'S BENEVOLENT & PROTECTIVE
ASSOCIATION, INC.

is a corporation organized and existing under the laws of the Commonwealth of Kentucky, whose date of incorporation is JULY 21, 1982 ;
and whose period of duration is PERPETUAL .

I further certify, that said corporation has paid all fees due and owing to the office of the Secretary of State of the Commonwealth of Kentucky to date; has delivered to the Secretary of State its most recent annual report, as required by KRS 271B.16-220 or 273.3671; and has not filed articles of dissolution.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal, at Frankfort, Kentucky, this 11TH day of AUGUST
19 95 .


BOB BABBAGE
Secretary of State
Commonwealth of Kentucky

BY: KU

RECEIVED
SECRETARY OF STATE
AUG 15 1995

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra H. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000003990 (7)

HORSEMEN'S BENEVOLENT & PROTECTIVE ASSOCIATION,
INC.

Principal Place of Business

20001 DISCAYNE BLVD #426
AVENTURA FL 33180

Mailing Address

20001 DISCAYNE BLVD #426
AVENTURA FL 33180

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SECRETARY OF STATE



3. Date of Incorporation or Qualification 08/16/1995	3a. Date of Last Report
4. FEI Number 53-0228377	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	
01 Name	
02 Street Address (P.O. Box Number is Not Acceptable)	
03	
04 City	
FL 85 Zip Code	

2. Principal Place of Business	2a. Mailing Address
21 20801 BISCAYNE BLVD.	26 20801 BISCAYNE BLVD.
22 Suite, Apt. #, etc. #442	27 Suite, Apt. #, etc. #442
23 City & State AVENTURA, FL	28 City & State AVENTURA, FL
24 Zip 33180	29 Zip 33180
25 Country	30 Country

9. Name and Address of Current Registered Agent
SAVIN, SCOTT
3757 NE 208 TERRACE
AVENTURA FL 33180

11. Pursuant to the provisions of Sections 617.0502 and 617.1500, 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

(Signature, title of person or persons of registered agent and the corporation)

(NOTE: Registered Agent signature required on re-registration)

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
NAME	DC HAGAN, ED	13 STREET ADDRESS	14 CITY-ST-ZIP
STREET ADDRESS	20133 NE BROADWAY CT	21 TITLE	22 NAME
CITY-ST-ZIP	TROUTDALE OR 97060	23 STREET ADDRESS	24 CITY-ST-ZIP
TITLE	D	31 TITLE	32 NAME
NAME	STIRLING, KENT	33 STREET ADDRESS	34 CITY-ST-ZIP
STREET ADDRESS	8301 NW 19TH ST	41 TITLE	42 NAME
CITY-ST-ZIP	PEMBROKE PINES FL 33024	43 STREET ADDRESS	44 CITY-ST-ZIP
TITLE	D	51 TITLE	52 NAME
NAME	HILES, RICK	53 STREET ADDRESS	54 CITY-ST-ZIP
STREET ADDRESS	4211 SOUTHERN PKWY	61 TITLE	62 NAME
CITY-ST-ZIP	LOUISVILLE KY 40214	63 STREET ADDRESS	64 CITY-ST-ZIP
TITLE	P		
NAME	BOWMAN, MELVYN		
STREET ADDRESS	95 W PINE ST		
CITY-ST-ZIP	PALMYRA PA 17078		
TITLE	ST		
NAME	SAVIN, SCOTT		
STREET ADDRESS	3757 NE 208 TERRACE		
CITY-ST-ZIP	AVENTURA FL 33180		
TITLE			
NAME			
STREET ADDRESS			
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)(d), 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:

SCOTT SAVIN

11/26/96 345-925-9700