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

**PROFIT** CORPORATION **ANNUAL REPORT** 



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # F9600005617 (3)

NATIONAL RACING PROMOTIONS, INC.

## **FILED** May 05 1997 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address			* (42)/45 /// Carry Carr			
7893 85TH LANE N. SEMINOLE FL 33777		7893 85TH LANE N. SEMINOLE FL 33777-4236						
					Date Incorporated or Qualified 10/28/1996	3a. Dai	e of Las	t Report
2. Principal P	Place of Business	2a. Mailing Address	<del></del>		4. FEI Number			Applied For
21		26			59-3402866	<b>59-3402866</b> Not Applicable		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing			00 May Be
23		28			Trust Fund Contribution	Added to Fees		
Zip Country		Zip Oountry		lry	8. This corporation has liability for i	ration has liability for intangible tax under s. 199.032,		
24	25	25 29 30			Florida Statutes 🔀 Yes 🗌 No			
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Re	gistered A	gent	
	iwan, Eugene J		8	I1 Name				
7893 85TH LANE N.				Street Ad	dress (P.O. Box Number is Not Acceptable)			
SEMINOLE FL 33777								
			8	13				
			<u>.</u>	34 City			85 Z	ip Code
·						FL	1 1	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Sta	dules, the abo	ove-named co	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of	changin	g its registered
agent. I a	megistered agent, or both, in the state im familiar with, and accept the oblig-	alions of Section 607.0505,	as aumonzeo Florida Statul	by the corporates.	ation's board of directors. Thereby accep	of the abbo	#HIMEHL	as registered
SIGNATURE								
	Signature, typod or printed name of registered age			\gent signature req	ured when reinstating)	DATE		
12.	OFFICERS AN		13.	····-	ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	P	L DELETE	1.1 1)11.	€			∐ Chang	ge 🔲 Addition
NAME	KIERNAN, EUGENE J		1.2 NAM	E				
STREET ADDRESS	7893 85TH LANE N.		1.3 STR	EET ADDRESS				
CITY-ST-ZIP	SEMINOLE FL 33777		1.4,C TY	- S1 - ZIP				
TITLE	V DELETE		21 TH	E j		i	∐ Chang	ge Addition
NAME	OSOSKY, BERNARD H		2.2-NAM	)E				
STREET ADDRESS	371 WESTFORD CIRCLE		2.3 \$TR	ET ADDRESS				
CHTY-ST-ZIP	PALM HARBOR FL 34683		2. 4 CIT	Y- \$1- ZIP				
TITLE	8	☐ DELETE	3.1 1111	E			Chang	ge 🔲 Addition
NAME	KIERNAN, BEVERLY		3.2,NAM	IE [				
STREET ADDRESS	7893 85TH LANE N.		33:STRI	FET ADDRESS				
CITY-ST-ZIP	SEMINOLE FL 33777		3.4. CI11	Y-ST-ZIP				
TITLE	T	DELETE	4.1 7(1)	F			Chang	e Addition
NAME	OSOSKY, BRIAN J		4. 2 NAN	NE ]				
STREET ADDRESS				EFT ADDRESS				
CITY-ST-ZIP	CLEARWATER FL 34622		4.4 DITY	-ST-ZIP				
TITLE		DELETE	5.1 mu	E			Chang	e Addition
NAME		٠,	5.2 NAM	IE				
STREET ADDRESS		•	5.3 \$188	TET ADDRESS				
City-St-ZIP			1 '	-ST-7IP				
TITLE		DELETE	6.1 1(1)				Chang	ge [] Addition
NAME			6.2 NAM					
STREET ADDRESS				E1 ADDRESS				
				-ST-ZIP				
CITY-ST-ZIP	216 - 31 - 31 - 31 - 31 - 31 - 31 - 31	-1 -21- AL AV	0.4 (117	-31-11F	1. 0			

I do hereby certify that the information supplied with this filling 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 eath; 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 of changed, or on an atjachment with an address.