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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 15, 1999 8:00 am Secretary of State 04-15-1999 90127 016 ***150.00

FILED

1999

DOCUMENT # F9600005617 1. Corporation Name

NATIONAL RACING PROMOTIONS, INC. Dissipal Dissa of Dusia Mailing Address

Fillicipal Flace of Business	Mailing Address			
7893 85TH LANE N. 7893 85TH LANE N. SEMINOLE FL 33777 SEMINOLE FL 33777			DO NOT WRITE IN THE	S SPACE
			3. Date Incorporated or Qualifed 10/28/1996	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
· · · · · · · · · · · · · · · · · ·	26		59-3402866	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired	\$8.75 Additional Fee Required ,
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country		untry	This corporation owes the current year In Personal Property Tax.	ntangible
9. Name and Address of Current F		T	10. Name and Address of New Registered	d Agent
KIERWAN, EUGENE J 7893 85TH LANE N. SEMINOLE FL 33777		81 Name 82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
•		84 City	FI	-
11: Pursuant to the provisions of Sections 607:0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	Florida. Such change was authorize	d by the corporation	ration submits this statement for the purpose on's board of directors. I hereby accept the appoint	of changing its registered === ointment as registered

SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change ☐ Addition 1.1 TITLE TITLE KIERNAN, EUGENE J 1.2 NAME NAME 7893 85TH LANE N. 1.3 STREET ADDRESS STREET ADDRESS SEMINOLE FL 33777 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE 2.1 TITLE TITLE OSOSKY, BERNARD H 22 NAME NAME 371 WESTFORD CIRCLE 2.3 STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE TITLE 3.1 TITLE KIERNAN, BEVERLY 3.2 NAME NAME 7893 85TH LANE N. 3.3 STREET ADDRESS STREET ADDRESS SEMINOLE FL 33777 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE" 4.TITLE I----TITLE -OSOSKY, BRIAN J 4. 2 NAME NAME 13572 FEATHER SOUND CIRCLE W., APT. 1912 STREET ADDRESS 4.3 STREET ADDRESS **CLEARWATER FL 34622** 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition 6.1 TITLE ☐ DELETE TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: