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

PROFIT Mar 11 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT** # J75582 (3) PALM BEACH DOWNS HOLDINGS, INC. Principal Place of Business Mailing Address 10317 W ATLANTIC AVE 10317 W ATLANTIC AVE DELRAY BCH FL 33446 DELRAY BCH FL 33446 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/29/1987 2. Principal Place of Busines: 2a. Mailing Address 4. FEI Number Applied For 1740 S.E. Clearmont St. 28 1740 S.E. Clearmont St. Not Applicable 65-0044615 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 配けSt. Lucie ort St. Lucie Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible 34983 29 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MARTIN, GERALD A Frank Poma 2304 MILITARY TRAIL Street Address (P.O. Box Number is Not Acceptable) 82 WEST PALM BEACH FL 33415 83 84 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. or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ DELETE PDT 1.1 TITLE Change Addition POMA, FRANK 1.2 NAME 1740 S.E. Clearmont St. Port St. Lucie, FL 34983 STREET ADDRESS 10317 W ATLANTIC AVE 1.3 STREET ADDRESS DELRAY BEACH FL CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE TITLE 21 TITLE Addition **POMA, FRANK** NAME 2.2 NAME 1740 S.B. Clearmont Street 10317 W ATLANTIC AVE STREET ADDRESS 2.3 STREET ADDRESS **DELRAY BEACH FL** 2.4 CITY-ST-ZIP Port St. Lucie, FL 34983 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-2iP DELETE Change 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change TITLE 6.1 TITLE ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 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.

FILED

2/20/00