

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K17879** (3)

1. Corporation Name

PALM BEACH DOWNS MANAGEMENT, INC.



Principal Place of Business

Mailing Address

*** GERALD A. MARTIN-ESQ.**
10317 W ATLANTIC AVE
DELRAY BCH FL 33446
US

*** GERALD A. MARTIN-ESQ.**
10317 W ATLANTIC AVE
DELRAY BCH FL 33446
US

3. Date Incorporated or Qualified
03/07/1988

3a. Date of Last Report
03/07/1995

4. FEI Number

65-0044122

Applied For
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTIN, GERALD A., ESQ.
9040 BELLEVEDE RD
SUITE 200
W. PALM BEACH FL 33411

81. Name **Same**

82. Street Address (P.O. Box Number is Not Acceptable)

2304 South Military Trail

83. City

West Palm Beach

FL

85. Zip Code
33415

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 607.0506, Florida Statutes.

SIGNATURE

Signature of person who is registered agent and the taxpayer.

(If filer is Registered Agent, signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
POMA, FRANK
STREET ADDRESS
10317 W. ATLANTIC AVE
CITY- ST- ZIP
DELRAY BEACH FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
POMA, FRANK
STREET ADDRESS
10317 W. ATLANTIC AVE.
CITY- ST- ZIP
DELRAY BEACH FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
POMA, KIMBERLY
STREET ADDRESS
10317 WEST ATLANTIC AVENUE
CITY- ST- ZIP
DELRAY BEACH FL

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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: *Kimberly Poma* **Kimberly Poma**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96 (407) 496-0044
Date Daytime Phone #

CR2E034 (12/95)