

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M04285** (6)
1. Corporation Name
DAILY RACING ENTERPRISES, INC.



Principal Place of Business Mailing Address
~~8500 SW 89 AVENUE~~ ~~8500 SW 89 AVENUE~~
~~MIAMI FL 33178~~ ~~MIAMI FL 33123~~

2. Principal Place of Business 2a. Mailing Address
21 **10922 SW Hawkview Cir.** 26 **SAME**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **STUART FL** 28 **SAME**
Zip Country Zip Country
24 **34997** 25 **USA** 29 30

3. Date Incorporated or Qualified **08/22/1984** 3a. Date of Last Report **04/24/1995**
4. FEI Number **59-2482664** 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. 193.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
SHAW, RICHARD L.
2511 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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.

SIGNATURE

Signature of the corporation or its registered agent and the applicable

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PDS**
STREET ADDRESS **DAILY, DUFF D.**
CITY-ST-ZIP **8500 SW 89 AVENUE**
MIAMI FL
TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP ☐ Change ☐ Addition
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP ☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE
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CITY-ST-ZIP ☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or of an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DUFF D. DAILY

6-12-96 651-287-9106