

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N03912 (5)

1. Corporation Name

GREATER MIAMI RACING ASSOCIATION, INCORPORATED



Principal Place of Business

Mailing Address

3300 OKEECHOBEE RD
HIALEAH FL 33012

3300 OKEECHOBEE RD
HIALEAH FL 33012

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

9. Name and Address of Current Registered Agent

FREED, SANFORD
19 W. FLAGLER STREET, SUITE 404
MIAMI FL 33130

3. Date Incorporated or Qualified
06/26/1984

3a. Date of Last Report
05/01/1995

4. FEI Number

59-6013803

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TD
NAME REEVES, ERNEST
STREET ADDRESS 3300 OKEECHOBEE RD
CITY-ST-ZIP HIALEAH FL

TITLE SD
NAME CONTE, PAUL
STREET ADDRESS 1230 NE 203 ST.
CITY-ST-ZIP MIAMI FL

TITLE D
NAME GIBSON, SKIP
STREET ADDRESS 3300 W. OKEECHOBEE ROAD
CITY-ST-ZIP HIALEAH FL

TITLE D
NAME BRADSHAW
STREET ADDRESS 3300 OKEECHOBEE RD
CITY-ST-ZIP HIALEAH FL

TITLE PD
NAME FLINGOS, BILL
STREET ADDRESS 1455 NW 32 AVE
CITY-ST-ZIP MIAMI FL

TITLE V
NAME FLATEAU, JIM
STREET ADDRESS 3300 W. OKEECHOBEE ROAD
CITY-ST-ZIP HIALEAH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME BASS, ALLEN
1.3 STREET ADDRESS 1061 SW 115 AVE
1.4 CITY-ST-ZIP PENSACOLA, FL 33025

2.1 TITLE D
2.2 NAME PARKS, CLINT
2.3 STREET ADDRESS 4621 SW 43 AVE.
2.4 CITY-ST-ZIP FT LAUDERDALE, FL 33314

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

SIGNATURE: William J. Flingos Bill Flingos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96 305-821-6644

Date

Daytime Phone #

CR2E037 (12/95)