

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -3 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50643 (8)

1. Corporation Name

WHITBREAD RACE AMERICAS, INC.

Principal Place of Business

Mailing Address

1850 ELLER DRIVE
SUITE 200
FT LAUDERDALE FL 33316

1850 ELLER DRIVE
SUITE 200
FT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1992

3a. Date of Last Report

12/01/1994

4. FEI Number

65-0237581

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

WOOD, MARY E
1619 SEABREEZE BLVD.
FT LAUDERDALE FL 33316

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

Mary E. Wood, Treasurer

2/20/95

Signature, Title, or Print Name of Registered Agent and the 4 locations

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARRINSON, RALPH
STREET ADDRESS	35 ISLA BAHIA DR.
CITY - ST - ZIP	FT. LAUDERDALE FL 33316
TITLE	SD
NAME	WILLIAMS, RAY
STREET ADDRESS	1850 ELLER DR., STE. 200
CITY - ST - ZIP	FT. LAUDERDALE FL 33316
TITLE	VD
NAME	MOONEY, DICK
STREET ADDRESS	1850 ELLER DR., STE. 200
CITY - ST - ZIP	FT. LAUDERDALE FL 33316
TITLE	TD
NAME	WOOD, MARY E
STREET ADDRESS	1619 SEABREEZE BLVD.
CITY - ST - ZIP	FT. LAUDERDALE FL 33316
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	2200 S. Ocean Lane, Apt. 2505
3.4 CITY - ST - ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	2200
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
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 110.07(3)(b), 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. 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:

Mary E. Wood, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/95

305-522-0000