

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 # N50643

(8)

1. Corporation Name

WHITBREAD RACE AMERICAS, INC.



Principal Place of Business

**1850 ELLER DRIVE
SUITE 200
FT LAUDERDALE FL 33316**

Mailing Address

**1850 ELLER DRIVE
SUITE 200
FT LAUDERDALE FL 33316**

3. Date Incorporated or Qualified
08/25/1992

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

2. Principal Place of Business

2a. Mailing Address

21 1601 NE 26 St.

26 1601 NE 26 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

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**

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

City & State

City & State

23 Ft. Lauderdale, FL

28 Ft. Lauderdale, FL

Zip

Country

Zip

Country

24 33305

25

29 33305

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Mary E Wood
Signature and printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD MARRINSON, RALPH**
STREET ADDRESS **35 ISLA BAHIA DR.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **SD WILLIAMS, RAY**
STREET ADDRESS **1850 ELLER DR., STE. 200**
CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VD MOONEY, DICK**
STREET ADDRESS **2200 S. OCEAN LANE #2505**
CITY-ST-ZIP **FT. LAUDERDALE FL**

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

TITLE ☐ DELETE
NAME **TD WOOD, MARY E**
STREET ADDRESS **1619 SEABREEZE BLVD.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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:

Mary E Wood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/96 954-527-6192
Date Daytime Phone #

CR2E037 (12/95)