FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
97 MAR 11 AM 7:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N93000003177 (3)

1. Corporation Name
BROWARD COUNTY R.C. RACE CLUB, INC.

Principal Place of Business	Mailing Address
MILLS POND PARK 2201 NW 9TH AVE FT. LAUDERDALE FL 33311 US	1940 NE 208 TERR MIAMI FL 33179-2265 US

3. Date Incorporated or Qualified: 07/09/1993
3a. Date of Last Report: 02/08/1996

2. Principal Place of Business	2a. Mailing Address
21	26 11037 S.W. 40TH CT.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 DAVIE, FL
24 Zip / 25 Country	29 Zip 33328 / 30 Country

4. FEI Number: 65-0418512 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CAPLAN, DAVID 1940 NE 208 TERR MIAMI FL 33179	81 Name: CAPLAN, DAVID 82 Street Address (P.O. Box Number is Not Acceptable): 11037 SW. 40TH Ct. 83 84 City: DAVIE FL 85 Zip Code: 33328

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 _____ 1/13/97
Signature, typed or 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	P	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	CAPLAN, DAVID		1.2 NAME	CAPLAN, DAVID	
STREET ADDRESS	1940 NE 208 TERRACE		1.3 STREET ADDRESS	11037 SW. 40TH CT.	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	DAVIE, FL 33328	
TITLE	VP	☐ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	KONDA, TERRY		2.2 NAME	KONDAS, TERRY	
STREET ADDRESS	1411 NW 43 ST		2.3 STREET ADDRESS	1411 N.W. 43 ST	
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	AUGUSTO, EDWARD		3.2 NAME	700002110537--7	
STREET ADDRESS	2610 NE 21ST		3.3 STREET ADDRESS	-03/11/97--01130--004	
CITY-ST-ZIP	POMPANO BEACH FL		3.4 CITY-ST-ZIP	*****70.00 *****70.00	
TITLE	S	☐ DELETE	4.1 TITLE	S	☒ Change ☐ Addition
NAME	VIC, GREG		4.2 NAME	VIC, GREG	
STREET ADDRESS	1000 W. MCNAB ROAD		4.3 STREET ADDRESS	P.O. BOX 1857	
CITY-ST-ZIP	POMPANO BEACH FL		4.4 CITY-ST-ZIP	DANIA, FL 33004 N/A	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DEAN, GARY		5.2 NAME		
STREET ADDRESS	2451 SW 86 AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	RUSSELL, KEITH		6.2 NAME		
STREET ADDRESS	7321 W. LAKE DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	W. PLAM BEACH FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 1/13/97 305 635-4555