FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State
02-22-1999 90059 048 ****61.25

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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	11037 S.W. 40TH CT DAVIE FL 33328 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/09/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0418512 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CAPLAN, DAVID
11037 S.W. 40TH CT.
DAVIE FL 33328

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	DIRECTOR (D)	☐ Change ☒ Addition
NAME	CAPLAN, DAVID		1.2 NAME	LINDA BOGGESS	
STREET ADDRESS	11037 S.W. 40TH CT		1.3 STREET ADDRESS	9917 NOB HILL LANE	
CITY-ST-ZIP	DAVIE FL 33328		1.4 CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE	VP	☐ DELETE	2.1 TITLE	DIRECTOR (D)	☐ Change ☒ Addition
NAME	KONDAS, TERRY		2.2 NAME	PHILIP McCORMICK	
STREET ADDRESS	1411 NW 43 ST		2.3 STREET ADDRESS	107 SAN NEMO BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33309		2.4 CITY-ST-ZIP	N. FT. LAUDERDALE, FL 33068	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RUSSELL, KEITH		3.2 NAME		
STREET ADDRESS	7321 W. LAKE DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BCH. FL 33406		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	VIC, GREG		4.2 NAME		
STREET ADDRESS	PO BOX 1857, N/A		4.3 STREET ADDRESS		
CITY-ST-ZIP	DANIA FL 33004		4.4 CITY-ST-ZIP		
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 33406		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/13/99 (305) 635-4555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #