SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

N94000002896 (8)

GLADIATOR TRACK CLUB, INC.

)
Principal Place of Business Mailing Address				BENT COM BRID BUT BUT	
2120 NW 28TH STREET 2120 NW 28TH STREET FORT LAUDERDALE FL 33311 FORT LAUDERDALE FL 3		33311			
				3. Date Incorporated or Qualified 06/13/1994	3a. Date of Last Report 08/03/1995
Principal Place of Business 2a. Mailing Address			4. FEI Number	X Applied For	
21	H ata	26		65-0501158	Not Applicable
Suite, Apt. #, etc. 22 City & State		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 City & State	3	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	B. This corporation has liability for it.	
24	25	29	30	Florida Statutes	Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	istered Agent
81					
WILSON, CHERYL			82 Street	Address (P.O. Box Number is Not Acceptable	e)
2120 NW 28TH STREET					·
FURIT	LAUDERDALE FL 33311		63		
			84 City		85 Zip Code
11. Pursuant t	to the provisions of Sections 617 0502	and 617 1508. Florida Statute	s the above-named (Congration submits this statement for the nu	rose of changing its registered
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.					
_	Translar with, and accept the obliga-	ions of, section 617,0503, Fig	rida Statutes.		
SIGNATURE _	Signature, typed or printed name of registered agen	and title if applicable (NOT	E: Registered Agent signature	required when reinstating)	DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	VP/D	Change 🗶 Addition
NAME	WILSON, CHERYL		1.2 NAME	MORRIS, HONRY	•
STREET ADDRESS	2120 NW 28TH STREET		1.3 STREET ADDRESS	2120 N.W. 280. 31	22211
CITY+ST-ZIP	FORT LAUDERDALE FL 3331		1.4 CITY - ST - ZIP	M. LAUVERUALE, PL	33311
TITLE	VTD	DELETE	2.1 TITLE		Change Addition
NAME	WILSON, VERA		2 2 NAME		
STREET ADDRESS	2120 NW 28TH STREET FORT LAUDERDALE FL 3331	14	2.3 STREET ADDRESS		
CITY+ST-ZIP TITLE	SD SD	DELETE	2 4 CITY - ST - ZIP		Channe Laddy
NAME	WILSON, WOODROW	Dattert	3.1 TITLE		Change Addition
STREET ADORESS	2120 NW 28TH STREET		3.2 NAME 3.3 STREET ADDRESS		•
CITY-ST-ZIP	FORT LAUDERDALE FL 3331	11	3.4. CITY-ST-ZIP		
TITLE	SD SD	DELETE	4.1 TITLE		Change Addition
NAME	MYERS, GERALDINE	~	4. 2 NAMÉ		• 🗀 •
STREET ADDRESS	2120 NW 28TH STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 3331	11	4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	u partify that the information are lied	with this filing is unbested for	6.4 CITY - ST - ZIP	and the for the exemples and the first	O DT(OVI)
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 turther 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 phanged, or on an attachment with an address.					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-19-96 (954)

(934) 13/~ 150 Daytime Phone #