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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 APR 30 AM 10:51

DOCUMENT # **P95000039865 (7)**

1. Corporation Name

LEISURE RACING SERVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**200 SOUTH ANDREWS 6 FLOOR
FORT LAUDERDALE FL 33301**

Mailing Address

**200 SOUTH ANDREWS 6 FLOOR
FORT LAUDERDALE FL 33301-1884**

3. Date Incorporated or Qualified
05/19/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 450 EAST LAS OLAS BLVD

Suite, Apt. #, etc.
22 SUITE 1500

City & State
23 FT. LAUDERDALE, FL

Zip
24 33301

Country
25 USA

2a. Mailing Address

26 450 EAST LAS OLAS BLVD

Suite, Apt. #, etc.
27 SUITE 1500

City & State
28 FT. LAUDERDALE, FL

Zip
29 33301

Country
30 USA

4. FEI Number
65-0623525

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

**AMERICAN INFORMATION SERVICES, INC.
1 SE 3RD AVE
27TH FL
MIAMI FL 33131**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSD
ROCHON, RICHARD C
200 S. ANDREWS AVE., SIXTH FLOOR
FT. LAUDERDALE FL 33301**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPAS
PIERCE, WILLIAM M
200 SOUTH ANDREWS 6 FLOOR
FORT LAUDERDALE FL 33301**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
BRANDEN, CRIS V
200 SOUTH ANDREWS 6 FLOOR
FORT LAUDERDALE FL 33301**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

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
**450 E LAS OLAS BLVD, SUITE 1500
FT. LAUDERDALE, FL 33301**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
**450 E LAS OLAS BLVD, SUITE 1500
FT. LAUDERDALE, FL 33301**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
**450 E LAS OLAS BLVD, SUITE 1500
FT. LAUDERDALE, FL 33301**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

CRIS V BRANDEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97
Date

954-627-5000
Daytime Phone #

CR2E034 (9/96)