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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 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000059327 (3)

1. Corporation Name  
SOUTH FLORIDA RACING, INC.

Principal Place of Business  
200 SOUTH ANDREWS AVENUE  
6TH FLOOR  
FORT LAUDERDALE FL 33301

Mailing Address  
300 SOUTH ANDREWS AVENUE  
6TH FLOOR  
FORT LAUDERDALE FL 33301-1884



2. Principal Place of Business

21 450 East Las Olas Blvd.

22 Suite 1500

23 Ft. LAUDERDALE, FL

24 33301 25 USA

2a. Mailing Address

26 450 East Las Olas Blvd

27 Suite 1500

28 Ft. LAUDERDALE FL

29 33301 30 USA

3. Date Incorporated or Qualified  
08/01/1995

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

4. FEI Number  
65-0623179

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 FLOOR  
MIAMI FL 33131

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 PSD  
NAME ROCHON, RICHARD C  
STREET ADDRESS 200 SOUTH ANDREWS AVENUE, SIXTH FLOOR  
CITY-ST-ZIP FORT LAUDERDALE FL 33301

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

TITLE  
NAME BRANDEN, CRIS V  
STREET ADDRESS 200 SOUTH ANDREWS AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 450 E LAS OLAS BLVD, SUITE 1500  
1.4 CITY-ST-ZIP FT LAUDERDALE FL 33301

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

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 450 E LAS OLAS BLVD SUITE 1500  
3.4 CITY-ST-ZIP 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 500002161 025-1-1  
5.4 CITY-ST-ZIP -05/01/97--01006--001  
\*\*\*3795.00 \*\*\*165.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRIS V BRANDEN

4/24/97

954-627-SUN

CR2E034 (9/96)