

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT #
1. Corporation Name

P95000090982
N/C 1-1-96

A Nite at the Races, INC.
Principal Place of Business Mailing Address

2. Principal Place of Business:

21 State: **FL**
22 City: **JUPITER**
23 Zip: **33458**
24 Country: **USA**

2a. Mailing Address:

26 State: **FL**
27 City: **JUPITER**
28 Zip: **33458**
29 Country: **USA**

3. Date Incorporated or Qualified

11-28-95

3a. Date of Last Report

4. FFL Number

11-2165969

Applied For Not Applicable

5. Contribution of State is 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

Charles Schwaber
24 St. James Drive
Palm Beach Gardens, FL 33418

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 607.1504, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent for both in the State of Florida. The corporation certifies that the information furnished is true and correct to the best of its knowledge and belief, and that the appointment of the new registered office and agent is in accordance with the provisions of Sections 607.0502 and 607.1504, Florida Statutes.

SIGNATURE: *Charles Schwaber*
Signature of Registered Agent

24 St. James Drive
Palm Beach Gardens, 7-8-96
FL 33418

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	President Charles Schwaber
STREET ADDRESS	24 St. James Drive
CITY-ST-ZIP	Palm Beach Gardens, FL 33418
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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5-1-96
JM

14. I, or hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 trust, or am empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 13 of this filing as an attachment with an address.

SIGNATURE: *Charles Schwaber*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-96 747-3900

CR2E034 (12/95)