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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 379314 (8)

1. Corporation Name
CALDER RACE TRACK CONCESSIONS, INC.

Principal Place of Business Mailing Address
P.O. DRAWER 694117 MIAMI FL 33269 **P.O. DRAWER 694117 MIAMI FL 33269**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/24/1971** 3a. Date of Last Report **08/04/1994**
4. FEI Number **59-1320876** 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**
6. This corporation has actually for enterprise tax under 5, 1995,032. Yes No

2. Principal Place of Business 2a. Mailing Address
21 _____ 26 _____
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**GOODKIND, BRIAN K
2504 S BAYSHORE DR
STE 1888
MIAMI FL 33133**

10. Name and Address of New Registered Agent
B1 **"CORPORATION SERVICE COMPANY**
B2 Sp. _____
B3 **1201 Hays Street**
B4 City **Tallahassee FL** B5 Zip Code **32301**

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 *Paul E. Glinski* **AS ITS AGENT** **05-01-95**
Signature, typed or by the name of registered agent and the 4 applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	ARMSTRONG JR., JOSEPH
STREET ADDRESS	8 HAWTHORNE AVE.
CITY - ST - ZIP	WINCHESTER MA
TITLE	P
NAME	ARMSTRONG JR., JOSEPH
STREET ADDRESS	8 HAWTHORNE AVE.
CITY - ST - ZIP	WINCHESTER MA
TITLE	COO
NAME	TRIMBLE, CRAIG S.
STREET ADDRESS	1005 N. ATLANTIC BLVD. 42-B
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	T
NAME	GLINSKI, PAUL E
STREET ADDRESS	36 WASH POND ROAD
CITY - ST - ZIP	HAMPSTEAD NH
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	REMOVED AS AN OFFICER
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 of this report. I am an attachment with an address

SIGNATURE: *Paul E. Glinski* **PAUL E. GLINSKI** **4/4/95** **607-499-2700**
Signature, typed or printed name of signing officer or director Date Telephone