

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J31042 (1)
1. Corporation Name

SEMINOLE RACING, INC.

Principal Place of Business 438 MAIN ST. BUFFALO, NY 14202	Mailing Address 438 MAIN ST BUFFALO, NY 14202
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3. Date Incorporated or Qualified 8/29/1986	3a. Date of Last Report 5/1/96
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 94-3023897 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
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9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

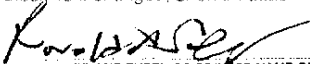
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. 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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PATRICK BIDDIX	1.2 NAME	
STREET ADDRESS	2000 SEMINOLA BLVD.	1.3 STREET ADDRESS	
CITY- ST- ZIP	CASSELBERRY, FL 32707-3799	1.4 CITY- ST- ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RONALD A. SULTEMEIER	2.2 NAME	
STREET ADDRESS	438 MAIN ST	2.3 STREET ADDRESS	
CITY- ST- ZIP	BUFFALO NY 14202	2.4 CITY- ST- ZIP	
TITLE	TD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DANIEL G. FRANCATI	3.2 NAME	
STREET ADDRESS	438 MAIN ST	3.3 STREET ADDRESS	
CITY- ST- ZIP	BUFFALO NY 14202	3.4 CITY- ST- ZIP	
TITLE	S ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DIANE C. SPEARS	4.2 NAME	
STREET ADDRESS	438 MAIN ST	4.3 STREET ADDRESS	
CITY- ST- ZIP	BUFFALO NY 14202	4.4 CITY- ST- ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAM J. BISSETT	5.2 NAME	
STREET ADDRESS	438 MAIN ST	5.3 STREET ADDRESS	
CITY- ST- ZIP	BUFFALO NY 14202	5.4 CITY- ST- ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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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:  RONALD A. SULTEMEIER 4/8/97 (716) 858-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)