FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 30 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 (1) DOCUMENT # **J31042** SEMINOLE RACING, INC. Principal Place of Business Mailing Address 438 MAIN ST. 438 MAIN ST. **BUFFALO FL 14202 BUFFALO FL 14202** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/29/1986 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 94-3023897 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζıp Country Country 30 Personal Property Tax due June 30. ☐ No 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CT CORPORATION SYSTEM 81 Name 1200 S. PINE ISLAND ROAD 62 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 94 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 typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 11 TO F Change Addition **BIDDIX, PATRICK** 1.2 NAME 2000 SEMINOLA BLVD. STREET ADDRESS 1.3 STREET ADDRESS CASSELBERRY FL 32707-3799 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE SULTEMEIER, RONALD A NAME 2.2 NAME 438 MAIN ST. STREET ADDRESS 2.3 STREET ADDRESS **BUFFALO FL 14202** CITY-ST-Z#P 2 4 CITY ST-ZIP \_\_\_ DELETE \_\_\_ Change Addition FRANCATI, DANIEL G NAME 3.2 NAME 438 MAIN ST. STREET ADDRESS 3.3 STREET ADDRESS **BUFFALO FL 14202** CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE SPEARS, DIANE C MALLE 4. 2 NAME **438 MAIN** ST. STREET ADDRESS 4.3 STREET ADDRESS **BUFFALO FL 14202** CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition 5.1 TITLE BISSETT, WILLIAM J 52 NAME 438 MAIN ST STREET ADDRESS 5.3 STREET ADDRESS **BUFFALO NY 14202** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition

**FILED** 

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CITY - ST - ZIP 6.4 CITY - ST - ZIP 14. Thereby 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 suppliemental 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 constitution or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

63 STREET ADDRESS

6 1 TITLE

62 NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

William H. Waldorf 4/1/98

716-858-5000