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CR# 3419

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K57149** (2)

1. Corporation Name

WIRE TO WIRE RACING DIGEST, INC.



Principal Place of Business

Mailing Address

5100 W. SILVER SPRINGS BLVD.
SUITE 100
OCALA FL 34482
US

PO BOX 210
OCALA FL 34478
US

3. Date Incorporated or Qualified

01/10/1989

3a. Date of Last Report

04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 851 N.W. 24 CT.

26 P.O. Box 2106

4. FEI Number

59-2924681

Applied For

Not Applicable

22 Suite, Apt. #, etc.

SUITE # 102

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

OCALA, FL

28 City & State

OCALA, FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

34475

25 Country

MARION

29 Zip

34478

30 Country

MARION

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AUDETTE, DANIELLE M
5100 W. SILVER SPRINGS, BLVD, SUITE 100
OCALA FL 34482

81 Name AUDETTE, DANIELLE M.

82 Street Address (P.O. Box Number is Not Acceptable)
851 N.W. 24 CT. #102

83 Ocala, FL 34475

84 City FL 85 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

Danielle M. Audette

Danielle M. Audette

4/15/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C DELETE
NAME APPLETON, ARTHUR I.
STREET ADDRESS 8318 NW 90TH TERRACE
CITY - ST - ZIP Ocala FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE P DELETE
NAME AUDETTE, FERNAND J.
STREET ADDRESS 6 CHALLEDON CLOSE
CITY - ST - ZIP Ocala FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE V DELETE
NAME AUDETTE, JOAN I.
STREET ADDRESS 6 CHALLEDON CLOSE
CITY - ST - ZIP Ocala FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ST DELETE
NAME APPLETON, MARTHA
STREET ADDRESS 8318 NW 90TH TERRACE
CITY - ST - ZIP Ocala FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 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 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: *F.S. Audette*

F.S. AUDETTE

4/15/96 (352) 792-8858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Day/Mo/Phone #

CR2E034 (12/95)