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Mar 11, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # K57149

1. Corporation Name
WIRE TO WIRE RACING DIGEST, INC.



Principal Place of Business

**851 NW 24 COURT
 SUITE 102
 Ocala FL 34475
 US**

Mailing Address

**P.O. BOX 2106
 Ocala FL 34478
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1989

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-2924681

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

**HANCOCK, RICHARD E
 4727 NW 80TH AVE.
 Ocala FL 34482**

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 607.1508, 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME **PD CROMARTIE, ROBERT**
 STREET ADDRESS **SILVER LEAF FARMS, P.O. BOX 890**
 CITY-ST-ZIP **SUMMERFIELD FL 34492**

TITLE DELETE
 NAME **VPD O'FARRELL, J. MICHAEL JR.**
 STREET ADDRESS **OCALA STUD FARM, P.O. BOX 818**
 CITY-ST-ZIP **OCALA FL 34478**

TITLE DELETE
 NAME **STD SILVER, STEPHEN A**
 STREET ADDRESS **1516 SE 23RD AVE.**
 CITY-ST-ZIP **OCALA FL 34471**

TITLE DELETE
 NAME **D MILLER, LEVERETT S**
 STREET ADDRESS **T SQUARE STUD, P.O. BOX 900**
 CITY-ST-ZIP **FAIRFIELD FL 32634**

TITLE DELETE
 NAME **D HOWLETT, BRYAN**
 STREET ADDRESS **4285 SW 65TH ST.**
 CITY-ST-ZIP **OCALA FL 34476**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition **SEC/TREA**
 1.2 NAME **WALTER J. BURKE**
 1.3 STREET ADDRESS **PO BOX 460**
 1.4 CITY-ST-ZIP **REDDICK, FL 32686**

2.1 TITLE Change Addition **D**
 2.2 NAME **HARRY T. MANGURIAN, JR.**
 2.3 STREET ADDRESS **5850 SW STATE RD 200**
 2.4 CITY-ST-ZIP **OCALA, FL 34474**

3.1 TITLE Change Addition **D**
 3.2 NAME **STANLEY M. ERSOFF**
 3.3 STREET ADDRESS **1439 WEST FLAGLER**
 3.4 CITY-ST-ZIP **MIAMI, FL 33135**

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

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

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Katherine Harris
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/99 (352)-629-2160
 Date Daytime Phone #

CR2E034 (1/98)