


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 08 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000005317 (0)**  
 1. Corporation Name  
**TAMPA BAY AREA RACING ASSOC., INC.**



Principal Place of Business <b>7815 COMMERCE ST RIVERVIEW FL 33569</b>	Mailing Address <b>7815 COMMERCE ST RIVERVIEW FL 33569</b>
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3. Date Incorporated or Qualified <b>10/15/1996</b>	
4. FEI Number <b>59-3408061</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**HARTLEY, NEAL B.  
7815 COMMERCE ST.  
RIVERVIEW FL 33569**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	REHM, DON	
STREET ADDRESS	7815 COMMERCE ST.	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ANDREWS, TAYLOR	
STREET ADDRESS	7815 COMMERCE ST.	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HARTLEY, BO	
STREET ADDRESS	7815 COMMERCE ST.	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	REHM, ANN	
STREET ADDRESS	7815 COMMERCE ST.	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VPD Riddle, Jimmy
2.3 STREET ADDRESS	7815 Commerce St.
2.4 CITY-ST-ZIP	Riverview, FL 33569
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DOT Brady
3.3 STREET ADDRESS	7815 Commerce St.
3.4 CITY-ST-ZIP	Riverview, FL 33569
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ann R. Rehm* *Ann R. Rehm* *4/30/98 (813) 677-7326*

CR2E037 (10/97)