FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400003681 (3)

MOTOR RACING HERITAGE ASSOCIATION, INC.

Delmala al Diss	- of Divisions	Maritian Address			
Principal Place of Business Mailing Address					
128 E. ORANGE AVE. DAYTONA BEACH FL 32114		P.O. BOX 10953 DAYTONA BEACH FL 32120-1953 US			
		-		3. Date Incorporated or Qualified 07/22/1994	3a. Date of Last Report 05/01/1996
	lace of Business	2a. Mailing Address		4. FEI Number 59-3368970	Applied For
21 237 Greenwood Suite, Apt. #, etc.		26 Cuito Apt # sto		39 3300910	Not Applicable
22 Suite, Apr.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	
	nd Beach, FL	28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country Volusia	Zip	Country	8. This corporation has liability for i	
24 32174	25	29	30	Florida Statutes	Yes No
	9. Name and Address of Curren	Registered Agent	221	10. Name and Address of New Re	gistered Agent
			B1 Name	Hillen Rife	
HEDDY, SUZANNE			82 Street	Address (P.O. Box Number is Not Acceptab	le)
	NGE AVE		83	237 Greenwood	
DATIUN	A BEACH FL 32114		63		
			84 City	Ormond Beach	FL 85 392019 4
11. Pursuant	to the provisions of Sections 617,0502	2 and 617,1508, Florida Statu	ites, the above-named	corporation submits this statement for the p	urpose of changing its registered
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 circetors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE Hillen Rife Vice Mesi dent (NOTE: Registated Agent general and tille It applicable (NOTE: Registated Agent general gradule) (NOTE: Registated Agent general gradule) (NOTE: Registated Agent general gradule)					
12.	OFFICERS AND		13	ADDITIONS/CHANGES TO OFFICE	
TITLE	VPD	DELETE	1.1 TITLE D	Ron Bishop	Change & Addition
NAME	MCKIM, BUZ		1.2 NAME	Casements 25 Riverside Dr.	
STREET ADDRESS	2589 W.LAKE DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL 32724		1.4 City-ST-ZIP	Ormond Beach, FL	32176
TITLE	VD.	☐ DELETE	2.1 TITLE D	Dean Carlson	Change X Addition
NAME	RIFE, HILLEN		2.2 NAME	Aqua Sun Investmen	ts
STREET ADDRESS	237 GREENWOOD AVE		2.3 STREET ADDRESS	3 Sunshine Blvd.	007.54
CITY-\$T-ZIP	ORMOND BEACH FL 32174	- Dist	2.4 CITY-ST-ZIP	Ormond Beach, FL	32174
TITLE	DT DOORAND	☐ DELETE	3.1 TITLE		Change Addition
NAME	DRIES, ROSEANN		3.2 NAME	}	
STREET ADDRESS	9 STUART DR. HOLLY HILLS FL 32117		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D	X DELETE	3.4. CITY- ST- 2IP 4.1 TITLE		Change Addition
NAME	GOUDY, SENTA	En pecent	4. 2 NAME		C onlings C Addition
STREET ADDRESS	2652 FLOWING WELL RD		4.3 STREET ADDRESS		
CITY - ST - ZIP	DELAND FL 32724		4.4 City-St-ZiP		
TITLE	SD	XX DELETE	5.1 TITLE SD	Jill McConville	Change Addition
NAME.	AKAM, G. ROBERT		5.2 NAME		
STREET ADDRESS	26 SILVER FOX TR		5.3 STREET ADDRESS	213 London Place	
CITY-\$T-ZIP	ORMOND BEACH FL 32174		5.4 CITY - ST - ZIP	Pt. Orange Fl 3212	7
TITLE	P	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	Sullivan, Timothy		6.2 NAME		
STREET ADDRESS	902 VILLAGE DR		63 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32174		6.4 CHY-ST-ZIP		
14. I do heret Informatio	by certify that the information supplied on indicated on this annual report or s	l with this filing does not qua upplemental annual regon is	ilify for the exemption s true and accurate and	stated in Section 119.07(3)(i), Florida Statute I that my signature shall have the same lega	s. I further certify that the
l am an o appears i	fficer or director of the corporation or n Block 12 or Block 13 if changed, or	the receiver or trustee ellipo on an attachment with an ac	wered to execute this ddress	I that my signature shall have the same lega report as required by Chapter 617, Florida S	tatutes; and that my name

FILED Apr 23 1997 8:00am Secretary of State

