


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 17, 1999 8:00 am
Secretary of State

02-17-1999 90033 028 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000003681					
1. Corporation Name MOTOR RACING HERITAGE ASSOCIATION, INC.					
Principal Place of Business 237 GREENWOOD ORMOND BEACH FL 32174 US			Mailing Address P.O. BOX 10953 DAYTONA BEACH FL 32120-0953 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/22/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip Country		28 Zip Country		59-3368970	
24		29		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
6. Election Campaign Financing <input type="checkbox"/>				Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RIFE, HILLEN 237 GREENWOOD ORMOND BEACH FL 32174				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 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: *[Signature]* DATE: 1-20-99
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VPD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCKIM, BUZ			1.2 NAME			
STREET ADDRESS	2589 W.LAKE DR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	DELAND FL 32724			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RIFE, HILLEN			2.2 NAME			
STREET ADDRESS	237 GREENWOOD AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH FL 32174			2.4 CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DRIES, ROSEANN			3.2 NAME			
STREET ADDRESS	9 STUART DR.			3.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLY HILLS FL 32117			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BISHOP, RON			4.2 NAME			
STREET ADDRESS	CASEMENTS-25 RIVERSIDE DR.			4.3 STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARLSON, DEAN			5.2 NAME			
STREET ADDRESS	AQUA SUN INVESTMENTS-3 SUNSHINE BLVD.			5.3 STREET ADDRESS			
CITY-ST-ZIP	ORMOND BE			5.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SULLIVAN, TIMOTHY			6.2 NAME			
STREET ADDRESS	902 VILLAGE DR			6.3 STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH FL 32174			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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED: *[Signature]* 1-20-99 1-904-252-0141
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0002439

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CR2E037 (11/98)