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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # 751272 (6)

1. Corporation Name
SUNCOAST RACE WEEK, INC.

Principal Place of Business	Mailing Address
1003 S. STERLING AVE. TAMPA FL 33629-5126	1003 S. STERLING AVE. TAMPA FL 33629-5126

3. Date Incorporated or Qualified: 02/27/1980
3a. Date of Last Report: 03/07/1996

2. Principal Place of Business
21: 6701 MIRROR LK AVE
22: Suite, Apt. #, etc.
23: City & State: TAMPA, FL
24: Zip: 33634
25: Country: USA

2a. Mailing Address
26: 6701 MIRROR LK. AVE
27: Suite, Apt. #, etc.
28: City & State: TAMPA, FL
29: Zip: 33634
30: Country: USA

4. FEI Number: 59-2874168 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MOORE, HENRY, JR.
1003 S. STERLING AVE.
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name: VICTOR S. GITTENS
82 Street Address (P.O. Box Number is Not Acceptable): 6701 MIRROR LK. AVE.
83:
84 City: TAMPA FL 85 Zip Code: 33634

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] VICTOR S. GITTENS 3-27-97
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	DP	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KELLY, DENNIS		1.2 NAME		
STREET ADDRESS	317 BARBARA CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR FL		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE	DP	☒ Change ☐ Addition
NAME	PENNINGTON, GEORGE		2.2 NAME		
STREET ADDRESS	13420 LAS PALMAS DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		2.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	MOORE, HENRY		3.2 NAME		
STREET ADDRESS	1003 S. STERLING AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE	DS	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WATSON, BARBARA		4.2 NAME		
STREET ADDRESS	4401 43RD ST. S.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	DT	☐ Change ☒ Addition
NAME			5.2 NAME	VICTOR S. GITTENS	
STREET ADDRESS			5.3 STREET ADDRESS	6701 MIRROR LK. AVE	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	TAMPA, FL 33634	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: [signature] VICTOR S. GITTENS, TREAS. 3-27-97 (813) 882-0715