

FILE NOW: FILING FEE IS \$61.25

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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **751272** (6)

1. Corporation Name

SUNCOAST RACE WEEK, INC.



Principal Place of Business 6701 MIRROR LAKE AVE. TAMPA FL 33634 US	Mailing Address 6701 MIRROR LAKE AVE. TAMPA FL 33634 US
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3. Date Incorporated or Qualified 02/27/1980
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4. FEI Number 59-2874168	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 19029 US 19 N Suite, Apt. #, etc. 9-607 City & State CLEARWATER Zip 33764 Country USA	2a. Mailing Address 26 19029 US 19 N Suite, Apt. #, etc. 9-607 City & State CLEARWATER Zip 33764 Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent GITTENS, VICTOR S 6701 MIRROR LAKE AVE. TAMPA FL 33634
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10. Name and Address of New Registered Agent 81 Name GITTENS, Victor S. 82 Street Address (P.O. Box Number is Not Acceptable) 19029 US 19 N 83 9-607 84 City CLEARWATER FL 85 Zip Code 33764

11. Pursuant to the provisions of Sections 617.0502 and 617.1008, 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 *Victor S. Gittens* DATE **4-13-98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	DT <input type="checkbox"/> DELETE
NAME	GITTENS, VICTOR S
STREET ADDRESS	6701 MIRROR LAKE AVE.
CITY-ST-ZIP	TAMPA FL
TITLE	DP <input type="checkbox"/> DELETE
NAME	PENNINGTON, GEORGE
STREET ADDRESS	13420 LAS PALMAS DR.
CITY-ST-ZIP	LARGO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MOORE, HENRY
STREET ADDRESS	1003 S. STERLING AVE.
CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	19029 US Hwy 19 N 9-607
1.4 CITY-ST-ZIP	CLEARWATER FL 33764
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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, with an attachment with an address.

SIGNATURE: *Victor S. Gittens* DATE **4-13-98** **811-582-6212**

CR2E037 (10/97)