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Aug 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 764992 (4)

1. Corporation Name
MID-FLORIDA QUARTER MIDGET RACING ASSOCIATION, INC.



Principal Place of Business 3535 DAMON RD. APOPKA FL 32703 US	Mailing Address PO BOX 608425 ORLANDO FL 32860-8425 US
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3. Date Incorporated or Qualified 09/14/1982	3a. Date of Last Report 04/10/1996
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21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Mailing Address Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country
				P O BOX 924	Clarcona FL	32710	USA

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**ABBOTT, KEITH
3512 CURTIS DR.
APOPKA FL 32703**

10. Name and Address of New Registered Agent

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

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 for 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: *Keith M. Abbott* DATE: **April 15, 1997**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	EADS, RICK	
STREET ADDRESS	37149 TREFOIL LN	
CITY-ST-ZIP	UMATILLA FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MARBAIS, JOE	
STREET ADDRESS	10081 CLARACONA-OCOEE ROAD	
CITY-ST-ZIP	APOPKA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	RHODES, TERRY	
STREET ADDRESS	6037 GROVELINE DR.	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ABBOTT, MAUREEN	
STREET ADDRESS	3512 CURTIS DR.	
CITY-ST-ZIP	APOPKA FL 32703	
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	same
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VD Steven Spencer
2.3 STREET ADDRESS	616 Glenview Dr Winter Garden, FL 34787
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TD Shirley Miller
3.3 STREET ADDRESS	P O Box 143 — N/A
3.4 CITY-ST-ZIP	Clarcona, FL 32710
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SD Sandra Swartzlander
4.3 STREET ADDRESS	5883 Lakeville Road
4.4 CITY-ST-ZIP	Orlando, FL 32818
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 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.

CP2E037 (9/96)