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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 764992

1. Corporation Name

MID-FLORIDA QUARTER MIDGET RACING ASSOCIATION, I NC.

Principal Place of Business

3535 DAMON RD.
APOPKA FL 32703
US

Mailing Address

P O BOX 924
CLARCONA FL 32710
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/14/1982	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		NOT APPLICABLE	
24 Country		29 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	

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	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 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, 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	PD	1.1 TITLE	
NAME	EADS, RICK	1.2 NAME	
STREET ADDRESS	37149 TREFOIL LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	VD
NAME	KNOWLES, THOMAS	2.2 NAME	Spencer, Steven
STREET ADDRESS	12126 PICALILLI ST	2.3 STREET ADDRESS	666 Glenview Drive
CITY-ST-ZIP	ORLANDO FL 32837	2.4 CITY-ST-ZIP	Winter Garden, FL 34787
TITLE	TD	3.1 TITLE	TD
NAME	MILLER, SHIRLEY	3.2 NAME	Miller, Lori Caye
STREET ADDRESS	P O BOX 143 N/A	3.3 STREET ADDRESS	6896 Moorhen Circle
CITY-ST-ZIP	CLARCONA FL	3.4 CITY-ST-ZIP	Orlando, FL 32810
TITLE	SD	4.1 TITLE	
NAME	ABBOTT, MAUREEN	4.2 NAME	
STREET ADDRESS	3512 CURTIS DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED

3-7-99 (352) 357-2101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)