


**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90236 018 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # J89703**

1. Corporation Name

**GOLD COAST WORLD MOTOR SPORTS CENTER, INC.**

Principal Place of Business

2890 N.W. 127TH ST.  
OPA LOCKA FL 33054

Mailing Address

2890 N.W. 127TH ST.  
OPA LOCKA FL 33054

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified <b>08/24/1987</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0027214</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FLIPPEN, JAMES S.**  
**2890 NW 127TH ST**  
**OPA LOCKA FL 33054**

10. Name and Address of New Registered Agent

81	Name	<b>BROOKS C. Miller</b>
82	Street Address (P.O. Box Number is Not Acceptable)	<b>2150 FIRST UNION Financial Ctr.</b>
83	City	<b>200 South Biscayne Blvd.</b>
84	City	<b>MIAMI</b>
85	Zip Code	<b>FL 33131</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when resigning)

3-10-99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DP</b>	1.2 NAME	
STREET ADDRESS	<b>FLIPPEN, JAMES S.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>9430 N.W. 23RD STREET</b>	1.4 CITY-ST-ZIP	
	<b>PEMBROKE PINES FL</b>		
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ST</b>	2.2 NAME	
STREET ADDRESS	<b>FLIPPEN, KAREN L.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>9430 NW 23RD ST</b>	2.4 CITY-ST-ZIP	
	<b>PEMBROKE PINES FL</b>		
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PM</b>	3.2 NAME	
STREET ADDRESS	<b>SEAY, ELLIOT R.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>100 NW 139TH ST</b>	3.4 CITY-ST-ZIP	
	<b>MIAMI FL</b>		
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, 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: *Karen Flippin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-99 305-685-3504  
 Date Daytime Phone #

CR2E034 (11/98)