FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

WIRE TO WIRE RACING DIGEST, INC.

FILED May 08 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				· - ··	r 19070(1) DE BULL 1984) (181) SIÓID IÓIL	albis diari aidii aidii aisil dibit i sadi
851 NW 24 COURT P.O. BOX 2108						
SUITE 102 OCALA FL 34478 OCALA FL 34475 US				DO NOT WRITE IN THIS SPACE		
US					3. Date incorporated or Qualified	
					01/10/1989	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26 Suite, Apt. #, etc. Suite. Apt. #, etc.					59-2924681	Not Applicable
22 27					5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
710	Zip Country Zip		Country		Trust Fund Contribution	Added to Fees
24	25	29	30	,	8. This corporation owes or has paid Personal Property Tax due June 3	
9. Name and Address of Current Registered Agent					10. Name and Address of New Reg	
HANCOCK, RICHARD E				Name		
4727 NW 80TH AVE.			82	Street Addr	ress (P.O. Box Number is Not Acceptable	<u> </u>
OCALA FL 34482				Olloot Addi		"
			83			
			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the abov	e-named corp	poration submits this statement for the nu	rpose of changing its registered
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	The state of the s	gamenta di, econoni cor lecco, r	iorida osalato	J ,		
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NC	TE: Registered Ag	ent signature requir	ed when reinstating)	DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	PD PONTE DODGET	DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME CROMARTIE, ROBERT			1.2 NAME			
STREET ADDRESS SILVER LEAF FARMS, P.O. BOX 890		1.3 STREET				
CITY-ST-ZIP TITLE	SUMMERFIELD FL 34492 VPD	DELETE	1,4 CHTY - S	IT- ZIP		
NAME	O'FARRELL, J. MICHAEL JR		2.1 TITLE			Change Addition
STREET ADDRESS OCALA STUD FARM, P.O. BOX 818			2.2 NAME	4000000		
CITY-ST-ZIP OCALA FL 34478			2.3 STREET			
TITLE	STD	DELETE	2. 4 City -: 3.1 Title	S1-ZIP		Change Addition
NAME	SILVER, STEPHEN A		3.2 NAME	}		C CHANGE C ACCOUNT
STREET ADDRESS	1516 SE 23RD AVE.		3.3 STREET	ADDRESS		
CITY-ST-ZIP	OCALA FL 34471		3.4. CITY-			
TITLE	D	☐ DELETE	4.1 TITLE			Change Addition
NAME	MILLER, LEVERETT S		4. 2 NAME			
STREET ADDRESS	T SQUARE STUD, P.O. BOX	900	4.3 STREET	ADDRESS		
CITY-ST-ZIP	FAIRFIELD FL 32634		4.4 CITY-S	T-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME	HOWLETT, BRYAN		52 NAME			f
STREET ADDRESS	4285 SW 65TH ST.		5.3 STREET	ADDRESS		
CfTY-ST-ZIP	OCALA FL 34478		5.4 CRY-S	T-ZIP		
TITLE		DELETE	6.1 TITLE	}		☐ Change ☐ Addition
NAME			6.2 NAME			İ
STREET ADDRESS			6.3 STAEET			
CITY-ST-ZIP			64 CITY - S	7-7/P		

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 observation or the reselver 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 chapter 40.

4/20/98