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Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L83742**

1. Corporation Name
SEBRING INTERNATIONAL RACEWAY, INC.

received
1-2-99



Principal Place of Business
 113 MIDWAY DR
 SEBRING FL 33870
 US

Mailing Address
 113 MIDWAY DR
 TAMPA FL 33870
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
06/26/1990

4. FEI Number
59-3023338

Applied For
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

22 City & State

27 City & State
Sebring, FL

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

23 Zip Country

28 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEPHENSON, TRES
 113 MIDWAY DR
 SEBRING FL 33870

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
P	PANOZ, DONALD E	6060 GOLF CLUB DR	BRASELTON GA 30517	<input type="checkbox"/>
VP	SELWA, JIM	6060 GOLF CLUB DR	BRASELTON GA 30517	<input checked="" type="checkbox"/>
ST	BARRY, MICHAEL	6060 GOLF CLUB DR	BRASELTON GA 30517	<input checked="" type="checkbox"/>
D	STEPHENSON, TRES	113 MIDWAY DR	SEBRING FL 33870	<input checked="" type="checkbox"/>
D	SWAINE, MICHAEL R	113 MIDWAY DR	SEBRING FL 33870	<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VP	Michael Swaine	113 Midway Dr.	Sebring, FL 33870	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ST	Tony Mastandrea	6060 Golf Club Dr.	Braselton, GA 30517	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Michael Swaine
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-99 800-626-7223
 Date Daytime Phone #

CR2E034 (1/198)