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Jan 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M76591 (0)

1. Corporation Name  
G. T. MOTORSPORTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business % JAMES L. LIVINGSTON 445 SOUTH COMMERCE AVE. SEBRING FL 33870		Mailing Address % JAMES L. LIVINGSTON 445 SOUTH COMMERCE AVE. SEBRING FL 33870	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
g. Name and Address of Current Registered Agent LIVINGSTON, JAMES L. 445 SOUTH COMMERCE AVE. SEBRING FL 33870		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 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	DP	1.1 TITLE	
NAME	BLAACKMAN, GARY W.	1.2 NAME	BLACKMAN, GARY W.
STREET ADDRESS	2839 CHICAGO AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	SEBRING FL	1.4 CITY - ST - ZIP	
TITLE	DVP	2.1 TITLE	
NAME	BLACKMAN, J. TIMOTHY	2.2 NAME	
STREET ADDRESS	2808 SUNRISE DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	SEBRING FL	2.4 CITY - ST - ZIP	
TITLE	ST	3.1 TITLE	
NAME	ROBERTS, JOHN M.	3.2 NAME	
STREET ADDRESS	4148 SELAH RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	SEBRING FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*[Signature]*

1/15/98 (all) 395-1111

CR2E034 (10/97)