


FILE NOW: FILING FEE IS \$61.25

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Apr 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N43258</b> (5) 1. Corporation Name <b>PEACE RIVER TRACK CLUB, INC.</b>			
Principal Place of Business <b>21104 EDGEWATER DRIVE PORT CHARLOTTE FL 33952-9102</b>		Mailing Address <b>21104 EDGEWATER DRIVE PORT CHARLOTTE FL 33952-9102</b>	
2. Principal Place of Business <b>21 4550 Cynthia Terrace</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 North Port FL</b> Zip <b>24 34286</b> Country		2a. Mailing Address <b>26 4550 Cynthia Terrace</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 North Port FL</b> Zip <b>29 34286</b> Country <b>30</b>	
3. Date Incorporated or Qualified <b>05/06/1991</b>		3a. Date of Last Report <b>02/07/1996</b>	
4. FEI Number <b>65-0273656</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>HICKEY, JOHN 21104 EDGEWATER DR PORT CHARLOTTE FL 33950</b>		10. Name and Address of New Registered Agent <b>81 Name Scott D morse 82 Street Address (P.O. Box Number is Not Acceptable) 4550 Cynthia Terrace 83 84 City North Port FL 85 Zip Code 34286</b>	
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 <b>Scott Morse</b> DATE <b>4/4/97</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HICKEY, JOHN 21104 EDGEWATER DRIVE PORT CHARLOTTE FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EMERICH, GUY 21325 COACHMAN AVE PORT CHARLOTTE FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HICKEY, ERMA 21104 EDGEWATER DR PORT CHARLOTTE FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MORSE, SCOTT 4550 CYNTHIA TERRACE NORTH PORT FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MORSE, BETHANY 4550 CYNTHIA TERRACE NORTH PORT FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BREDER, CRAIG 22259 ELMIRA BLVD PORT CHARLOTTE FL	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP
14. I do 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.			
SIGNATURE: <b>Scott Morse</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3-24-97 941-423-1582 Date Daytime Phone # 0067775	

CR2E037 (9/96)