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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N49948

1. Corporation Name
NORTHWEST FLORIDA TRACK CLUB, INC.

Principal Place of Business POST OFFICE BOX 911 SHALIMAR FL 32579	Mailing Address POST OFFICE BOX 911 SHALIMAR FL 32579
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/20/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3123885
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HORTON, CHARLES
 207 BAKER AVE.
 FT. WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name Horton, Patti
 82 Street Address (P.O. Box Number is Not Acceptable) 207 Baker Ave
 83
 84 City Ft. Walton Beach FL 85 Zip Code 32548

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 Patti Horton (NOTE: Registered Agent signature required when reinstating) DATE 1-13-98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HORTON, CHARLES	
STREET ADDRESS	207 BAKER AVE.	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	VDP	<input checked="" type="checkbox"/> DELETE
NAME	HERZOG, KIRK	
STREET ADDRESS	4475 PARKWOOD SQ.	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	EIRIKSSON, SANDRA	
STREET ADDRESS	#1 HIDDEN COVE	
CITY-ST-ZIP	VALPARAISO FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HORTON, PATTI	
STREET ADDRESS	207 BAKER AVE.	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Horton, Patti	
1.3 STREET ADDRESS	207 Baker Ave	
1.4 CITY-ST-ZIP	Ft. Walton Beach, FL 32548	
2.1 TITLE	VO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Robert Brownfield	
2.3 STREET ADDRESS	17 Winfield Way	
2.4 CITY-ST-ZIP	Mary Esther FL 32569	
3.1 TITLE	T/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Cardow, Bonnie	
3.3 STREET ADDRESS	46 Longwood Dr.	
3.4 CITY-ST-ZIP	Shalimar, FL 32579	
4.1 TITLE	S/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Sams, Lynne	
4.3 STREET ADDRESS	101 Old Ferry Rd #3-D	
4.4 CITY-ST-ZIP	Shalimar FL 32579	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 617, 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: Patti Horton SIGNATURE REQUIRED DATE: 2-5-99 Daytime Phone #

CR2E037 (11/98)