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Feb 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Moore Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005692 (8)**

1. Corporation Name

AUTO RACING LEGENDS, INC.



Principal Place of Business 560 NEWTON ROAD PORT ORANGE FL 32127	Mailing Address P.O. BOX 10318 DAYTONA BEACH FL 32120-0318
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3. Date Incorporated or Qualified 11/14/1994	3a. Date of Last Report 10/14/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-3302794	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	7. 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

10. Name and Address of New Registered Agent

**HAGER, MONA
560 NEWTON ROAD
PORT ORANGE FL 32127**

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 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

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 PD	PRICE, DON <input checked="" type="checkbox"/> DELETE	1.1 TITLE Vice-President-Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		1.2 NAME John Walsh	
STREET ADDRESS		1.3 STREET ADDRESS 36 ORMOND SHORES DRIVE	
CITY-ST-ZIP		1.4 CITY-ST-ZIP Ormond Beach, FL 32176	
TITLE VD	WOLLMAN, JAMES <input checked="" type="checkbox"/> DELETE	2.1 TITLE PAT Mihalic - SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS 816 YORKTOWN DRIVE	
CITY-ST-ZIP		2.4 CITY-ST-ZIP DAYTONA BEACH, FL 32119	
TITLE TD	HAGER, MONA <input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE DS	WOLLMAN, DONNA <input type="checkbox"/> DELETE	4.1 TITLE President-Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME DONNA WOLLMAN	
STREET ADDRESS		4.3 STREET ADDRESS 1835 PAGANO ST.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP PORT ORANGE, FL 32127	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Mona Hager - Mona Hager, Treasurer* 1/19/97 788-3787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 4002487

CR2E037 (9/96)