FILE NOW: FILING FEE IS $61.25

FILED
99 APR -7 AM 11:23
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N94000005692

1. Corporation Name
AUTO RACING LEGENDS, INC.

Principal Place of Business	Mailing Address
1235 PAGANO COURT PORT ORANGE FL 32119	P.O. BOX 10318 DAYTONA BEACH FL 32120

[redacted]

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	11/14/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3302794 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WOLLMAN, DONNA DELELLO 1235 PAGANO COURT PORT ORANGE FL 32119	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 Donna Delello Wollman Donna Delello Wollman 1/12/99
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	PPD	☐ DELETE	1.1 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	WOLLMAN, DONNA DELELLO		1.2 NAME	WALSH, JOHN	
STREET ADDRESS	1235 PAGANO COURT		1.3 STREET ADDRESS	36 Ormond Shores Dr	
CITY-ST-ZIP	PORT ORANGE FL 32119		1.4 CITY-ST-ZIP	Ormond Beach, FL 32176	D
TITLE	V	☐ DELETE	2.1 TITLE	Vice Pres.	☑ Change ☐ Addition
NAME	WALSH, JOHN		2.2 NAME	Donna Delello Wollman	
STREET ADDRESS	36 ORMOND SHORES DRIVE		2.3 STREET ADDRESS	1235 Pagano Court	
CITY-ST-ZIP	ORMOND BEACH FL 32176		2.4 CITY-ST-ZIP	Port Orange, FL 32119	D
TITLE	V	☑ DELETE	3.1 TITLE	Vice Pres.	☑ Change ☑ Addition
NAME	GOLDEN, KEN		3.2 NAME	George Lesher	
STREET ADDRESS	456 WINDSOR DRIVE		3.3 STREET ADDRESS	3242 Country Lane	
CITY-ST-ZIP	PORT ORANGE FL 32127		3.4 CITY-ST-ZIP	DeLand FL 32724	D
TITLE	S	☑ DELETE	4.1 TITLE	Secretary	☑ Change ☑ Addition
NAME	SCHIRTZINGER, PATRICIA		4.2 NAME	John R. Kretzer	
STREET ADDRESS	141 APACHE COURT		4.3 STREET ADDRESS	524 S. Beach Street Apt 202	
CITY-ST-ZIP	OAK HILL FL 32759		4.4 CITY-ST-ZIP	Daytona Beach, Florida 32114	D
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SUCKOW, DOLORES		5.2 NAME		
STREET ADDRESS	170 N. YONGE STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32174	D	5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

AP 4/7
02-25-99 90016 013 #61.25

CR2E037 (11/98)

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: Donna Delello Wollman **SIGNATURE REQUIRED** 1/12/99 904-760-9587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #