


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004709 (0)**

1. Corporation Name

**SOUTH FLORIDA MOTORSPORTS COMPLEX HOST COMMITTEE  
, INCORPORATED**

Principal Place of Business <b>43 NORTH KROME AVENUE 2ND FLOOR HOMESTEAD FL 33030 US</b>	Mailing Address <b>43 N KROME AVE HOMESTEAD FL 33030</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b> <b>PO BOX 900717</b>		3. Date Incorporated or Qualified <b>10/02/1995</b>		3a. Date of Last Report <b>04/04/1996</b>	
Sulte, Apt. #, etc. <b>22</b>		Sulte, Apt. #, etc. <b>27</b>		4. FEI Number <b>65-0615744</b>		Applied For <input type="checkbox"/> Not Applicable	
City & State <b>23</b>		City & State <b>28</b> <b>HOMESTEAD, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees:</b>	
Zip <b>24</b>		Country <b>25</b>		Zip <b>29</b> <b>33090-</b>		Country <b>30</b> <b>USA</b>	
Country <b>26</b>		Country <b>29</b>		Country <b>30</b>		Country <b>31</b>	

9. Name and Address of Current Registered Agent <b>SOVIA, KIM 43 N KROME AVE HOMESTEAD FL 33030</b>		10. Name and Address of New Registered Agent <b>81</b> Name <b>ROB BELUE</b> <b>82</b> Street Address (P.O. Box Number Is Not Acceptable) <b>250 E. PALM DR.</b> <b>83</b> <b>84</b> City <b>FLORIDA CITY</b> <b>FL</b> <b>85</b> Zip Code <b>33034</b>	
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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]* **Rob Belue** **8/15/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PCD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>C/O</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CROZIER, JEFF</b>		1.2 NAME <b>ROB BELUE</b>	
STREET ADDRESS <b>1550 S. GOLDENEYE LANE</b>		1.3 STREET ADDRESS <b>250 E. PALM DR.</b>	
CITY-ST-ZIP <b>HOMESTEAD FL</b>		1.4 CITY-ST-ZIP <b>FLORIDA CITY, FL 33034</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>VID</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BELUE, ROB</b>		2.2 NAME <b>MIKE MOORE</b>	
STREET ADDRESS <b>250 E. PALM DRIVE</b>		2.3 STREET ADDRESS <b>250 E. PALM DR.</b>	
CITY-ST-ZIP <b>FLORIDA CITY FL</b>		2.4 CITY-ST-ZIP <b>FLORIDA CITY, FL 33034</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>MD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SINGLETARY, SHARON</b>		3.2 NAME <b>MARK HUARD</b>	
STREET ADDRESS <b>37 NW 1ST STREET</b>		3.3 STREET ADDRESS <b>850 N. HOMESTEAD BLVD</b>	
CITY-ST-ZIP <b>HOMESTEAD FL</b>		3.4 CITY-ST-ZIP <b>HOMESTEAD FL 33030</b>	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>LOPEZ, VINCE</b>		4.2 NAME <b>meda Jensen</b>	
STREET ADDRESS <b>150 W. FLAGLER STREET SUIT E1820</b>		4.3 STREET ADDRESS <b>160 W. Hiway 1</b>	
CITY-ST-ZIP <b>MIAMI FL</b>		4.4 CITY-ST-ZIP <b>Florida City, FL 33034</b>	
TITLE <b></b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b></b>		5.2 NAME <b>Rex Oleson</b>	
STREET ADDRESS <b></b>		5.3 STREET ADDRESS <b>31850 SW 195 Ave.</b>	
CITY-ST-ZIP <b></b>		5.4 CITY-ST-ZIP <b>Homestead, FL 33030</b>	
TITLE <b></b>	<input type="checkbox"/> DELETE	6.1 TITLE <b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b></b>		6.2 NAME <b>Curt Iuy</b>	
STREET ADDRESS <b></b>		6.3 STREET ADDRESS <b>4 S. Krome Ave</b>	
CITY-ST-ZIP <b></b>		6.4 CITY-ST-ZIP <b>Homestead, FL 33030</b>	

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 *[Signature]* **305-246-7522**

CR2E037 (4/97)