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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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

Mailing Address

**43 NORTH KROME AVENUE
2ND FLOOR
HOMESTEAD FL 33030
US**

**P.O. BOX 800717
HOMESTEAD FL 33090-0717
US**

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/02/1995

4. FEI Number

65-0615744

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No **1/1**

10. Name and Address of New Registered Agent

**BELUE, ROB
250 E PALM DR
FLORIDA CITY FL 33034**

81. Name

JAMES R. PIERCE, JR CPA

82. Street Address (P.O. Box Number is Not Acceptable)

48 N.E. 15 STREET

83.

84. City

HOMESTEAD

FL

85. Zip Code

33030

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 **JAMES R. PIERCE, JR**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/13/98

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	BELUE, ROB	
STREET ADDRESS	250 E PALM DR	
CITY - ST - ZIP	FLORIDA CITY FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BELUE, ROB	
STREET ADDRESS	250 E. PALM DRIVE	
CITY - ST - ZIP	FLORIDA CITY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SINGLETARY, SHARON	
STREET ADDRESS	37 NW 1ST STREET	
CITY - ST - ZIP	HOMESTEAD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OLESON, REX	
STREET ADDRESS	31850 SW 185 AVE	
CITY - ST - ZIP	HOMESTEAD FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JENSEN	
STREET ADDRESS	180 US HWY 1	
CITY - ST - ZIP	FLORIDA CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NY, CURT	
STREET ADDRESS	4 S KROME AVE	
CITY - ST - ZIP	HOMESTEAD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Moore, Mike	
1.3 STREET ADDRESS	P.O. Box 680	
1.4 CITY - ST - ZIP	Tavernier, FL 33070	
2.1 TITLE	V. Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	R. H. Mark	
2.3 STREET ADDRESS	554 N.E. 1st Ave.	
2.4 CITY - ST - ZIP	Florida City, FL 33034	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Henderson, Dorothy	
6.3 STREET ADDRESS	437 N. Krome Ave	
6.4 CITY - ST - ZIP	Homestead, FL 33030	

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.

SIGNATURE:

Mada A. Jensen

Mada A. Jensen

2/13/98

305-245-9180

CR2E037 (10/97)