


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90206 025 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N95000004709</b>					
1. Corporation Name <b>SOUTH FLORIDA MOTORSPORTS COMPLEX HOST COMMITTEE, INCORPORATED</b>					
Principal Place of Business <b>43 NORTH KROME AVENUE          2ND FLOOR          HOMESTEAD FL 33030          US</b>			Mailing Address <b>P.O. BOX 900717          HOMESTEAD FL 33090-0717          US</b>		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/02/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0615744	
24 Country		29 Country		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing				<input type="checkbox"/> Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>PIERCE, JAMES R JR          48 N.E. 15 ST          HOMESTEAD FL 33030</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				<b>FL</b>			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOORE, MIKE			1.2 NAME	Rex R. Oleson		
STREET ADDRESS	P.O. BOX 680			1.3 STREET ADDRESS	31850 SW 195 Ave.		
CITY-ST-ZIP	TAVERNIER FL 33070			1.4 CITY-ST-ZIP	Homestead, FL 33030		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RIFF, MARK			2.2 NAME	Meda Jensen		
STREET ADDRESS	554 N.W. 1ST AVE			2.3 STREET ADDRESS	18640 SW 295 Terr.		
CITY-ST-ZIP	FLORIDA CITY FL 33034			2.4 CITY-ST-ZIP	Homestead, FL 33030		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SINGLETARY, SHARON			3.2 NAME	Tami Kusnir		
STREET ADDRESS	37 NW 1ST STREET			3.3 STREET ADDRESS	755 SW 5th St.		
CITY-ST-ZIP	HOMESTEAD FL			3.4 CITY-ST-ZIP	Homestead, FL 33030		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	OLESON, REX			4.2 NAME	Katy Oleson		
STREET ADDRESS	31850 SW 195 AVE			4.3 STREET ADDRESS	31850 SW 195 Ave.		
CITY-ST-ZIP	HOMESTEAD FL			4.4 CITY-ST-ZIP	Homestead, FL 33030		
TITLE	TD	<input type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JENSEN			5.2 NAME	John Poorman		
STREET ADDRESS	160 US HWY 1			5.3 STREET ADDRESS	24451 SW 177th Ave.		
CITY-ST-ZIP	FLORIDA CITY FL			5.4 CITY-ST-ZIP	Homestead, FL 33030		
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HENDERSON, DOROTHY			6.2 NAME	Georgina Jones		
STREET ADDRESS	437 N KRONE AVE			6.3 STREET ADDRESS	31 Ocean Reef Dr. A101		
CITY-ST-ZIP	HOMESTEAD FL 33030			6.4 CITY-ST-ZIP	Key Largo, FL 33037		

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: Katy Oleson SIGNATURE: Rex R. Oleson DATE: 1-14-99 DAYTIME PHONE: 305-246-0783

CR2E037 (11/98)