FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

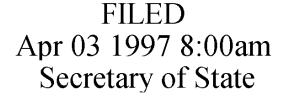
Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

N96000004428 (6)



CONCH REPUBLIC RACING ASSOCIATION, INC.									
Principal Plac	e of Business	Mailing Address				B IBBNIQUI UTO SUITA AKIAS BARIT UUTI I			
500 FLEMING STREET 500 FLEMING STREET KEY WEST FL 33040-6882									
		,				3. Date Incorporated or Qualified 08/23/1996	3a. Dat	e of Last Re	eport
Principal Place of Business 2a. Mailing Address						4. FEI Number		Ap	plied For
21 26								t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						Certificate of Status Desired		\$8.75 A	
City & Stat	e	City & State				6. Election Campaign Financing		\$5.00	
23		28	28			Trust Fund Contribution		Added t	
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for	ntangible t	ax under s.	199.032,
24	9. Name and Address of Curre	29	30			Florida Statutes	Yes _		
	9. Name and Address of Curr	aut Heðisteren Ydeut		81 N	lame	10. Name and Address of New Re	gretered A	Baur	
CDATTC	WOOD WILLIAM R								
SPOTTSWOOD, WILLIAM B 500 FLEMING STREET				82 S	treet Addres	ss (P.O. Box Number is Not Acceptab	le)		
KEY WEST FL 33040				83	- <u></u>	<u> </u>			
1101 170	4			<u> </u>	No			Tarl 7in	
				84 C	Pity		FL	85 Zip (Code
11. Pursuant office of r agent. La	to the provisions of Sections 617.05 registered agent, or both, in the Sta im familiar with, and accept the obli	502 and 617.1508, Florida Site of Florida. Such change vigations of Section 617.0500	tatutes, the al vas authorize 3, Florida Stat	bove-na by the utes.	amed corpor e corporatio	ration submits this statement for the p n's board of directors. I hereby accep	urpose of o	changing its intment as	s registered registered
SIGNATURE			4.055				DATE		
12.	Signature, typed or printed name of registered a OFFICERS A	ND DIRECTORS	(NOTE: Registered	Agent si	gnature required	ADDITIONS/CHANGES TO OFFICE		DIRECTOR	S IN 12
TITLE	DP	DELETE		'UE				Change	Addition
NAME	LABRADA, PAT		1,2 N	ME					
STREET ADDRESS	500 FLEMING STREET		1.3 \$1	REET ADD	DRESS				
CITY-ST-ZIP	KEY WEST FL 33040		1.4 C	1.4 CITY-ST-ZIP					
TITLE	DV DELETE		2.1 TI	2.1 TITLE				Change	Addition
NAME	SPOTTSWOOD, WILLIAM B		2.2 N	2.2 NAME					ĺ
STREET ADDRESS	500 FLEMING STREET		2.3 81	2.3 STREET ADDRESS					
CITY-ST-ZIP	KEY WEST FL 33040			2. 4 CITY - ST - ZIP					
TITLE	DT	☐ DELETE			}		ļ	Change	Addition
NAME	KEMP, WILLIAM		32 N						ł
STREET ADDRESS	500 FLEMING STREET			REET ADD					
CITY-ST-ZIP TITLE	KEY WEST FL 33040	DELETE		TY-ST-Z	(IP)		 -	Change	Addition
NAME		- order	4.111				,	onango	riddingit
STREET ADDRESS			1	rine Reet add	AREGG				
CITY - ST - ZIP				ree i Add TY-ST-ZI	1				ļ
THILE		DELETE			<u>"</u>			Change	Addition
NAME			5.2 N		1				
STREET ADDRESS				REET ADO	ORESS				
CITY-ST-ZIP	1			-	1				
Q111-31-211			5.4 CI	TY - ST - ZI	(P				
THILE		DELETE			IP .			Change	Addition
		DELETE		LE	IP	·		Change	Addition
THTLE		DELETE	6.1 T) 6.2 N/	LE			1	Change	Addition

4. 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 arguest 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 co-portion 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 it changed, or on an attachment with an address.

SIGNATURE

INATURE AND THE BOOK PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Daytime Phone # 0024520