Mar 04, 1999 8:00 am

Secretary of State

03-04-1999 90235 030 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P94000065645

1. Corporation Name

INTERSTATE RACE MANAGEMENT, INC.

INTERSTATE HACE MANAGEMENT, INC.					
Principal Place of Business Mailing Address					I INDICIDE IN THIS DISIL COLI COLI COLI COLIC CITIE CITIE CITIE CITIE COLIC CITIES
3401 OLD POŁK CITY RD P O BOX 450065 LAKELAND FL 33809 KISSIMMEE FL 34745 US US					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  09/07/1994
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21 26					58-3135282 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5 Contifered of Status Desired Status Resired
22					5. Certificate of Status Desired Pee Required
City & State City & State					6. Election Campaign Financing \$5.00 May Be
23 28					Trust Fund Contribution Added to Fees
Zip				y	8. This corporation owes the current year Intangible Personal Property Tax.
24	25	29 30	<u> </u>		Personal Property Tax. Yes LetNo  10. Name and Address of New Registered Agent
	9. Name and Address of Current	Registered Agent	81	Name	IV. Name and Address of New Registered Agent
THE PRENTICE HALL CORPORATION SYSTEM, INC.				Name	
1201 HAYS ST.			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)
SUITE 105			83		
	AHASSEE FL 32301		Ľ	1	
*******			84	City	FL 85 Zip Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.    SIGNATURE   Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)    DATE   DATE					
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Martino, William Jr		1.2 NAME		
STREET ADDRESS	110 COTTONTAIL LANE		1.3 STREE	ET ADDRESS	
CITY-ST-ZIP			1.4 CITY-5	ST-ZIP	
TITLE	ST	☐ DELETE	2.1 TITLE.		☐ Change ☐ Addition
NAME	ABBOTT, KL 22 NA		2.2 NAME		
STREET ADDRESS	s 1000 NATURALLY FRESH BLVD 238		2.3 STREE	ET ADDRESS	
CITY-ST-ZIP	ATLANTA GA		2. 4 CITY-	ST-ZIP	Change C Addition
TITLE	AS	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HARTLEY, TERRY C		3.2 NAME	į.	
STREET ADDRESS	1001 VALRICO LK RD		L	ET ADDRESS	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE	.	
NAME			4. 2 NAME	ļ	
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP	<u> </u>	☐ DELETE	4.4 CITY-1	51-ZIP	☐ Change ☐ Addition
TITLE		LJ DENE IL	5.2 NAME		
NAME STREET ADDRESS				ET ADDRESS	·
			5.4 CITY-		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	1		6.2 NAME	<u> </u>	

14. I hereby certify that the information supplied with this thing does not quality 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 leport 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 tristee empowered to execute this report as required by Chapter 607. 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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP