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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P94000 AH SPEEDWAY MANAGEME	=	)						
Principal Place of Business Mailing Address						<u> </u>		OUDI UDIUM	
9627 S DIXIE HWY 9627 S DIXIE HWY									
SUITE 203 SUITE 203									
MIAMI FL 33156 MIAMI FL 33156						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
2. Principal P	Place of Business	2a. Mailing Address				10/05/1994 4. FEI Number			0_4 F
	21 26					65-0537636		<del></del>	pplied For ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.									Additional
22 27						5. Certificate of Status Desired		•	equired
City & State City & State						6. Election Campaign Financing		\$5.00	May Be
23		28	·			Trust Fund Contribution			to Fees
Zip	Country	Zip	Cou	intry	•	8. This corporation owes or has p			
24	25 9, Name and Address of Curren	29	30]			Personal Property Tax due June 10. Name and Address of New Re			No
141		it riogistoros Agott		81	Name	TO. Haine and Addiess of Herr A	Mistered V	Agur	
MULLER, CHARLES E II 9100 S DADELAND BLVD					0				
SUITE 1707				82	Street Add	dress (P.O. Box Number is Not Accepta	ble)		
MIAMI FL 33156				83		<del></del>			• •
				64	City			ler   Zin	Code
					ľ		FL		
agent. La SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obligation Stgrature typed or printed name of registered agen	ations of, Section 607.0505, I	Florida Stat	utes	<b>}.</b>	poration submits this statement for the ation's board of directors. I hereby acce	purpose of c ept the appo	intment as	registered
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	RS IN 12
TITLE	D DÈLETÉ		1.1 Trī	1 TITLE				Change	Addition
NAME	BELL, MARY A			1.2 NAME					
STREET ADORESS				REET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33156		1.4 CI	•••	T- ZIP		<del></del>	<del></del>	F-1
TITLE		☐ DELETE	2.1 TIT				L	Change	Addition
NAME OVERT ADDRESS			2.2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DELETE	2. 4 CI 3.1 TIT		11-ZIP	k- M-13		Change	Addition
NAME			3.2 NA				_		noviron
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			3.4. C						
TITLE		☐ DELET <b>E</b>	4.1 TIT			14-2-14	T	Change	Addition
NAME			4. 2 N/	AME					j
STREET ADDRESS			4.3 ST	REET	ADDRESS				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		4.4 CIT		r- ZIP				-
TITLE		DELETE .	5.1 TIT				L	Change	Addition
NAME			5.2 NA						
STREET ADORESS					ADDRESS				
CITY-ST-ZIP TITLE		DELETE	5.4 CIT		r-zip			Change	Addition
NAME			6.1 TIT 6.2 NA				L	CHANGE	Addition
STREET ADDRESS					ADDRESS				
AITY OF THE				MECH I					

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapped, or on an attachment with an address.

1-27-9A

200.271-2972

**FILED** Feb 19 1998 8:00am Secretary of State