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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000011346 (0)**

1. Corporation Name

FAMILY GRAND PRIX OF DAYTONA, INC.

Principal Place of Business	Mailing Address
~~2235 HOLLOWRIDGE DRIVE~~ ORANGE CITY FL 32763	~~2235 HOLLOWRIDGE DRIVE~~ ORANGE CITY FL 32763

3. Date Incorporated or Qualified: 02/08/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 2300 E. GRAVES AVE.
Suite, Apt. #, etc. 22:
City & State 23: ORANGE CITY, FL
Zip 24: 32763 Country 25: USA

2a. Mailing Address
26: 2300 E. GRAVES AVE.
Suite, Apt. #, etc. 27:
City & State 28: ORANGE CITY, FL
Zip 29: 32763 Country 30: USA

4. FEI Number: [X] 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

FINCKE, GERALD B
2235 HOLLOWRIDGE DRIVE
ORANGE CITY FL 32763

10. Name and Address of New Registered Agent

81 Name: GERALD B. FINCKE
82 Street Address (P.O. Box Number is Not Acceptable): 2300 E. GRAVES AVE.
83:
84 City: ORANGE CITY FL 85 Zip Code: 32763

11. 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: Gerald B. Fincke — GERALD B. FINCKE — DATE: 1/15/96
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required where noted above.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GERALD B. FINCKE PRESIDENT & DIRECTOR 2300 E. GRAVES AVE. ORANGE CITY, FL 32763 [ ] DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT & DIRECTOR GERALD B. FINCKE 2300 E. GRAVES AVE. ORANGE CITY, FL 32763 [ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	[ ] Change [ ] Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 changed, or on an attachment with an address.

SIGNATURE: Gerald B. Fincke — 1/15/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Gerald B. Fincke, President

CR2E034 (12/95)