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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DIVISION OF DOCUMENT # P95000022022 (4)

SPEEDWAY PUB, INC.

| Principal Plac | e of Business | Mailing Address | | | | T SANGLOOM REG 106.61 MAIN MODILE BOILE ASKIN WORING TIDIN THEIR ADVILLE TIDER TIDER TOUR |
|---|---|---|---|------------|---------------|--|
| 3660 CITRUS DAVIE FL 3333 | | 3060 CITRUS TRACE. N DAVIE FL 33328-2837 | 3660 CITRUS TRACE. NO. 3 DAVIE FL 33328-2637 | | | |
| | | | | | | 3. Date Incorporated or Qualified |
| L = ' | lace of Business | 2a. Mailing Address | 2a. Mailing Address | | | 4. FEI Number Applied For |
| 21 | | 26 | | | | 65-0570896 Not Applicable |
| Suite, Apt | #, etc. | Suite, Apt. #, etc. | 27 | | | 5. Certificate of Status Desired See Required \$8.75 Additional Fee Required |
| City & Stat | e | City & State | City & State | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |
| Ζφ | Country Zip Co | | Coun | try | | 8. This corporation has liability for intangible tax under s. 199.032, |
| 24 | 9. Name and Address of Curre | 29 | 30 | | | Florida Statutes Yes No 10. Name and Address of New Registered Agent |
| | | int Hegistered Agent | | 31 | Name | 10. Halle and Address of New Pegistered Agent |
| PARKER, ELIZABETH A 3880 CITRUS TRACE, NO. 3 | | | L | 32 | | ess (P.O. Box Number is Not Acceptable) |
| DAV | /IE FL 33328 | | 1 | 13 | | |
| | | | | 34 | City | ■■ 85 Zip Code |
| | | | | \perp | • | FL |
| I office or i | registered agent, or both, in the Stall im familiar with, and accept the oblig Signature trend or printed name of registered at | e of Florida. Such change wa gations of, Section 607.0505, | s authorized Florida Statu | by tes. | the corporati | oration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered ed when reinstating). |
| 12. | | VD DIRECTORS | | | | |
| TITLE | PTD | DELETE | 1.1 TiTL | £ | \top | ARKER, ELIZABETH A Change Addition |
| NAME | PAKER, ELIZABETH A | _ | 1.2 NAN | | 17/ | ARKER, ELIZHDETT H. |
| STREET ADDRESS | 3660 CITRUS TRACE, NO. 3 | | | | ADDRESS | |
| C-TY-ST-7/P | DAVIE FL 33328 | | 1.4 CiTy | | | |
| TITLE | | DELETE | 2.1 TITL | | | Change Addition |
| NAME | | | 2.2 NAM | 1E | | 1 |
| STREET ADDRESS | | | 2.3 STR | EET / | ADDRESS | , |
| CITY-ST-ZIP | | | 2.4 CIT | | | |
| TOLE | | DELETE | 3.1 TITL | | | Change Addition |
| NAME | | | 3.2 NAM | 1E | 1 | |
| STREET ADDRESS | | | 3.3 STR | FFT A | ADDRESS | |
| CITY-S1-ZIP | | | 3 4. CiT | | } | |
| TILE | | | 4 1 TITE | | 1.60 | Change Addition |
| NAME | | | 4. 2 NA | MF | | |
| STREET ADDRESS | | | | | ADDRESS | |
| CITY -ST-7/P | | | 4.4 CiTY | | | |
| TITLE | | DELETE | 5.1 TITL | | - 141 | Change Addition |
| NAME | | | 5.2 NAN | | | Control of the contro |
| 1 | | | | | +DDDCCC | |
| STREET ADDRESS | | | | | ADDRESS | |
| CITY SI-7IF | | ☐ DELETE | 5.4 CITY 6.1 TITL | | 1 - ZIP | ☐ Change ☐ Addition |
| I IIILE | l . | | ■ U. I till. | κ. | | C Ottombe C Reduied |

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 conforation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name.

SIGNATURE:

appears in Block 12 or Block 1

NAME

STREET ADDRESS

CITY - ST-ZIP

4-9-91

Daytime Phone #

FILED

Apr 21 1997 8:00am

Secretary of State