

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

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**Mar 28 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT - 1997



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

DOCUMENT # **P95000 076358**  
1. Corporation Name: **WINNER'S CIRCLE RACING, INC**

Principal Place of Business: **7323 Sawgrass Point Dr Pinellas Park, FL 33782**  
Mailing Address: **7323 Sawgrass Point Dr Pinellas Park, FL 33782**

3. Date Incorporated or Qualified <b>10/05/1995</b>	3a. Date of Last Report <b>3/12/96</b>
4. FEI Number <b>59-3342486</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business: **21** State: Apt. #, etc. **22** City & State: **23** Zip: **24** Country: **25**

2a. Mailing Address: **26** State: Apt. #, etc. **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent  
**HAMM, LARRY  
7323 Sawgrass Point Dr  
PINELLAS PARK, FL 33782**

10. Name and Address of New Registered Agent

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **85** Zip Code

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, familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PST</b>	NAME <b>Hamm, Larry</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>7323 Sawgrass Point Dr</b>	CITY-STATE-ZIP <b>Pinellas Park, FL 33782</b>	1.2 NAME	
TITLE	NAME	1.3 STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	1.4 CITY-STATE-ZIP	
CITY-STATE-ZIP	CITY-STATE-ZIP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	2.2 NAME	
STREET ADDRESS	STREET ADDRESS	2.3 STREET ADDRESS	
CITY-STATE-ZIP	CITY-STATE-ZIP	2.4 CITY-STATE-ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	3.2 NAME	
CITY-STATE-ZIP	CITY-STATE-ZIP	3.3 STREET ADDRESS	
TITLE	NAME	3.4 CITY-STATE-ZIP	
STREET ADDRESS	STREET ADDRESS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP	CITY-STATE-ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	4.4 CITY-STATE-ZIP	
CITY-STATE-ZIP	CITY-STATE-ZIP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	5.2 NAME	
STREET ADDRESS	STREET ADDRESS	5.3 STREET ADDRESS	
CITY-STATE-ZIP	CITY-STATE-ZIP	5.4 CITY-STATE-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	6.2 NAME	
CITY-STATE-ZIP	CITY-STATE-ZIP	6.3 STREET ADDRESS	
TITLE	NAME	6.4 CITY-STATE-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 contained 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: Larry Hamm **3-20-97** **813-528-1630**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)