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**Apr 08 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000084812 (3)

1. Corporation Name
DIRT DEVILS SPEEDWAY, INC.



Principal Place of Business 23846 S.R. 52 LAND O LAKES FL 34639 US	Mailing Address 4102 NORTH ARMENIA AVENUE TAMPA FL 33607-6422
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3. Date Incorporated or Qualified 10/30/1995	3a. Date of Last Report 03/20/1996
4. FEI Number 59-3340683	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

9. Name and Address of Current Registered Agent

**RODRIGUEZ, ANSELMO B
4102 NORTH ARMENIA AVENUE
TAMPA FL 33607**

10. Name and Address of New Registered Agent

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

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	RODRIGUEZ, ANSELMO B
STREET ADDRESS	4102 NORTH ARMENIA AVENUE
CITY - ST - ZIP	TAMPA FL 33607
TITLE	D <input type="checkbox"/> DELETE
NAME	RODRIGUEZ, LINDA J
STREET ADDRESS	4102 NORTH ARMENIA AVENUE
CITY - ST - ZIP	TAMPA FL 33607
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DRAWDY, LYNETTE
STREET ADDRESS	4102 NORTH ARMENIA AVENUE
CITY - ST - ZIP	TAMPA FL 33607
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RODRIGUEZ, ANSELMO B
1.3 STREET ADDRESS	4102 N ARMENIA AVE
1.4 CITY - ST - ZIP	TAMPA, FL 33607
2.1 TITLE	V T <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RODRIGUEZ, LINDA J.
2.3 STREET ADDRESS	4102 N. ARMENIA AV
2.4 CITY - ST - ZIP	TAMPA, FL 33607
3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BLANCO, RACHEL L
3.3 STREET ADDRESS	4102 N. ARMENIA AV
3.4 CITY - ST - ZIP	TAMPA, FL 33607
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Anselmo B Rodriguez* **Anselmo B Rodriguez** **4/3/97** **813**
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Daytime Phone # **8793300**

CR2E034 (9/96)