

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

*Amended*

PROFIT CORPORATION  
ANNUAL REPORT  
1999

DOCUMENT # P96000030003

1. Corporation Name  
Fantasy Racing, Inc.



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

93 JUL 20 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

2. Principal Place of Business	2a. Mailing Address
21 <u>3616 Century Blvd</u>	26 <u>3616 Century Blvd</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 <u>Lakeland FL</u>	28 <u>Lakeland, FL</u>
Zip Country	Zip Country
24 <u>33811</u> 25 <u>U.S.</u>	29 <u>33811</u> 30 <u>U.S.</u>

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <u>4-15-96</u>	Applied For Not Applicable
4. FEI Number <u>59-3380259</u>	
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 owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent  
John F. Wendel  
5300 South Florida Avenue  
Lakeland, FL 33813

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

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PDT Emmitt M. Rigdon
NAME	Edward Lee Marvin	1.2 NAME	5060 Starling Drive
STREET ADDRESS	510 Hampton Ave	1.3 STREET ADDRESS	Mulberry FL
CITY-ST-ZIP	Lakeland FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	VP Thomas Szanyi
NAME	Rigdon Emmitt M. Rigdon	2.2 NAME	415 Sunny Road
STREET ADDRESS	5060 Starling Drive	2.3 STREET ADDRESS	Lakeland, FL
CITY-ST-ZIP	Mulberry FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	DS Edward Lee Marvin
NAME		3.2 NAME	510 Hampton Ave
STREET ADDRESS		3.3 STREET ADDRESS	Lakeland, FL
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 changed, or in an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* 6-29-99 6650799

Date

Daytime Phone #

CR2E034 (11/98)