


**FILED**  
**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90006 002 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000047210</b>			
1. Corporation Name <b>MERIDIAN MOTORSPORTS, INC.</b>			
Principal Place of Business 1963 HIGH ST. LONGWOOD FL 32750		Mailing Address 1963 HIGH ST. LONGWOOD FL 32750	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 <b>120 East Panama Road</b>		2a. Mailing Address 26 <b>120 East Panama Road</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23 <b>Winter Springs, FL</b>		City & State 28 <b>Winter Springs, FL</b>	
Zip Country 24 <b>32708</b> 25		Zip Country 29 <b>32708</b> 30	
9. Name and Address of Current Registered Agent <b>CRANE, VALERIE A</b> <b>11118 BLACKACRE TR.</b> <b>WINTER SPRINGS FL 32708</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE <input type="checkbox"/> DELETE NAME <b>Bernardine Roadrick</b> STREET ADDRESS <b>120 E. Panama Road</b> CITY-ST-ZIP <b>Winter Springs, FL 32708</b>			
TITLE <input type="checkbox"/> DELETE NAME <b>Duane Roadrick</b> STREET ADDRESS <b>120 E. Panama Road</b> CITY-ST-ZIP <b>Winter Springs, FL 32708</b>			
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			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
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 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, with all other like empowered.

**SIGNATURE:** Bernardine Roadrick  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99  
 Date

Daytime Phone #

CR2E034 (11/98)