

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

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May 05 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 # **S93271** (2)

1. Corporation Name
COLLIER SPORTS PARK SPEEDWAY, INC.



Principal Place of Business 4911 - 12TH AVE., SW NAPLES FL 33999-4013 US	Mailing Address 4911 - 12TH AVE., SW NAPLES FL 34116-5003 US
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2. Principal Place of Business 21 4273 ENTERPRISE AVE		2a. Mailing Address 26 4273 ENTERPRISE AVE		3. Date Incorporated or Qualified 11/07/1991	3a. Date of Last Report 05/01/1996
Suite, Apt. #, etc. 22 SUITE # 4		Suite, Apt. #, etc. 27 SUITE # 4		4. FEI Number 65-0297194	Applied For <input type="checkbox"/> Not Applicable
City & State 23 NAPLES FLA		City & State 28 NAPLES FLA		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24 34104	Country 25 U.S.	Zip 29 34104	Country 30 US	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent ANGLIN, JAMES R 4911 - 12TH AVE., SW NAPLES FL 33999		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	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	NAME ANGLIN, JIM	1.1 TITLE V.P.	1.2 NAME CARL F ULLICH
STREET ADDRESS 4911 12TH AVE. SW	CITY - ST - ZIP NAPLES FL	1.3 STREET ADDRESS 2761 TERRACE AVE	1.4 CITY - ST - ZIP NAPLES FL 33942
TITLE S	NAME ANGLIN, SUSAN	2.1 TITLE 	2.2 NAME
STREET ADDRESS 4911 12TH AVE. SW	CITY - ST - ZIP NAPLES FL	2.3 STREET ADDRESS 	2.4 CITY - ST - ZIP
TITLE 	NAME 	3.1 TITLE 	3.2 NAME
STREET ADDRESS 	CITY - ST - ZIP 	3.3 STREET ADDRESS 	3.4 CITY - ST - ZIP
TITLE 	NAME 	4.1 TITLE 	4.2 NAME
STREET ADDRESS 	CITY - ST - ZIP 	4.3 STREET ADDRESS 	4.4 CITY - ST - ZIP
TITLE 	NAME 	5.1 TITLE 	5.2 NAME
STREET ADDRESS 	CITY - ST - ZIP 	5.3 STREET ADDRESS 	5.4 CITY - ST - ZIP
TITLE 	NAME 	6.1 TITLE 	6.2 NAME
STREET ADDRESS 	CITY - ST - ZIP 	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: _____ DATE: **2-4-97** DAYTIME PHONE: **643-6363**

CR2E034 (9/96)