

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

FILED
Jun 30 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 # **V13844** (8)
1. Corporation Name
OCALA MOTOR SPORTS, INC.



Principal Place of Business 1524 SOUTHEAST 22ND AVENUE OCALA FL 32671	Mailing Address 1524 SOUTHEAST 22ND AVENUE OCALA FL 34471-2656
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2. Principal Place of Business 21 3920 N HWY 441 Suite, Apt. #, etc.		2a. Mailing Address 26 107 NE 1st AVE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/12/1992	3a. Date of Last Report 04/19/1996
22 City & State 23 OCALA FL		27 City & State 28 OCALA FL		4. FEI Number 59-3112468	Applied For Not Applicable
24 Zip 34475		25 Country MARION		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29 Zip 34470		30 Country MARION		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent NEWTON, ELBERT H 550 N.E. 25TH AVE OCALA FL 34470				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent 81 Name Jeff Lewis 82 Street Address (P.O. Box Number is Not Acceptable) 3920 N HWY 441 83 84 City OCALA FL 85 Zip Code 34475	
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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, both, in this 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 *Jeff Lewis* (NOTE: Registered Agent signature required when reinstating) DATE **6/27/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOVELL, SCOTT	1.2 NAME	
STREET ADDRESS	1524 SOUTHEAST 22 AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DINGMAN, RUSSELL	2.2 NAME	
STREET ADDRESS	1524 SOUTHEAST 22 AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, JEFF	3.2 NAME	
STREET ADDRESS	1524 SOUTHEAST 22 AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, on an attachment with an address.

CR2E034 (9/96)