SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

STREET ADDRESS CITY-ST-ZIP

FILED Jul 25 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # K89480 (3) TOY MOTORSPORTS ENTERPRISES, INC. Principal Place of Business Mailing Address 333 FALKENBURG RD. 333 FALKENBURG RD. SUITE E 503 SUITE E 503 **TAMPA FL 33619** DO NOT WRITE IN THIS SPACE TAMPA FL 33619 3a. Date of Last Report US 3. Date Incorporated or Qualified 05/19/1989 04/23/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0131354 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 This corporation owes or has paid the current year Intangible Country Zip Country Zip 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name TOY, RONALD W 333 FALKENBERG RD. Street Address (P.O. Box Number is Not Acceptable) 82 SUITE E-503 83 **TAMPA FL 33619** City 84 Zip Code 85 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 familiarly lith unit accept the appointment as registered agent. I am familiarly lith unit accept the appointment as registered agent. MASIDANT RS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Change Addition TITLE DELETE 1.1 TITLE TOY, RONALD W. NAME 333 FALKENBURG RD. SUITE E 503 1.3 STREET ADDRESS STREET ADORESS TAMPA FL 1.4 City-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-7IP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-S1-ZIP Addition DELETE 4.1 TITLE Change TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 61 TITLE TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

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 logal 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: