

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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AND
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95 MAY - 1 PM 4:32

TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *N 41973*

1. Corporation Name
GREATER ORLANDO AUTO RACERS, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <i>02-05-91</i>	3a. Date of Last Report <i>14 MARCH 94</i>
4. FEI Number <i>59-3059132</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Principal Place of Business <i>970 KELLER RD. ALTAMONTE SPRINGS, FL. 32714</i>		Mailing Address <i>970 KELLER RD. ALTAMONTE SPRINGS, FL. 32714</i>	
21. Suite, Apt. #, etc.	22. Suite, Apt. #, etc.	23. City & State	24. City & State
25. Zip	26. Country	27. Zip	28. Country

9. Name and Address of Current Registered Agent

*RICHARD A. MELLIN
3324 HORSESHOE DR.
LONGWOOD, FL. 32779*

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<i>FL</i>
83.	
84. City	

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 *Richard A Mellin* DATE *18 APRIL 95*

12. OFFICERS AND DIRECTORS

TITLE	<i>PRESIDENT - D</i>
NAME	<i>DAVID ALBERICO</i>
STREET ADDRESS	<i>119 TOLLGATE TR.</i>
CITY - ST - ZIP	<i>LONGWOOD, FL. 32750</i>
TITLE	<i>VICE PRESIDENT - D</i>
NAME	<i>JOHN COLEBECK</i>
STREET ADDRESS	<i>8080 BLOVERGLEN CIR</i>
CITY - ST - ZIP	<i>ORLANDO, FL. 32818</i>
TITLE	<i>TREASURER - D</i>
NAME	<i>RICHARD MELLIN</i>
STREET ADDRESS	<i>3324 HORSESHOE DR</i>
CITY - ST - ZIP	<i>LONGWOOD, FL 32779</i>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<i>500001431883</i>
12 NAME	<i>-05/17/95--01146--003</i>
13 STREET ADDRESS	<i>*****61.25 *****61.25</i>
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

ESJ
5/12/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.073(k), 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 917, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard A Mellin* DATE: *18 APRIL 95* 407-243-5281