

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 MAY 30 PM 12: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000092905 (6)

1. Corporation Name

TAPPED OUT RACING, INC.

Principal Place of Business

Mailing Address

**4974 WAVERLY WOODS TERRACE
LAKE WORTH FL 33463**

**4974 WAVERLY WOODS TERRACE
LAKE WORTH FL 33463**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

12/15/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. # etc

26 Suite, Apt. # etc

22 City & State

27 City & State

24 ZIP

25 COUNTRY

29 ZIP

30 COUNTRY

4. FEI Number Applied For Not Applicable
65-0555066

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign, Insurance Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has applied for the legal tax under § 190.002, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

**HEINE, RAMONA
4974 WAVERLY WOODS TERRACE
LAKE WORTH FL 33463**

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 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

Ramona Heine

4-22-95

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGED OFFICERS AND DIRECTORS

01 TITLE **D/P**
02 NAME **HEINE, RAMONA**
03 STREET ADDRESS **4974 WAVERLY WOODS TERRACE**
04 CITY, ST, ZIP **LAKE WORTH FL 33463**

01 TITLE **Pres.**
02 NAME
03 STREET ADDRESS **500001504275**
04 CITY, ST, ZIP **06/02/95-01021-015**
*****225.00 ***225.00**

05 TITLE **D**
06 NAME **HEINE, CHRIS**
07 STREET ADDRESS **4974 WAVERLY WOODS TERRACE**
08 CITY, ST, ZIP **LAKE WORTH FL 33463**

05 TITLE
06 NAME
07 STREET ADDRESS
08 CITY, ST, ZIP

09 TITLE
10 NAME
11 STREET ADDRESS
12 CITY, ST, ZIP

09 TITLE
10 NAME
11 STREET ADDRESS
12 CITY, ST, ZIP

13 TITLE
14 NAME
15 STREET ADDRESS
16 CITY, ST, ZIP

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20 CITY, ST, ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

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 119.07(2)(b), 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 recipient 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 as an attachment with an address.

SIGNATURE:

Ramona Heine

4-22-95 (405) 207-1000