

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90249 038 \*\*\*158.75

0100678

DOCUMENT # P96000020604

1. Corporation Name

AMERICAN SPIRIT MOTORSPORTS, INC.

Principal Place of Business

5974-B LAKEHURST DRIVE  
ORLANDO FL 32819

Mailing Address

5980 LAKEHURST DRIVE  
ORLANDO FL 32819  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1996

4. FEI Number

59-3365345

Applied For

-Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 20150 Independence Blvd

Suite, Apt. #, etc

22 Suite B

City & State

23 Orono, FL

24 34736

Country

25 USA

2a. Mailing Address

26 20150 Independence Blvd

Suite, Apt. #, etc

27 Suite B

City & State

28 Orono, FL

Zip

29 34736

Country

30 USA

9. Name and Address of Current Registered Agent

BATTAGLIA, W P  
222 WEST COMSTOCK AVENUE STE 101  
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

BATTAGLIA, W. P

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

100 Lincoln Ave

83

Winter Park

84 City

FL

85 Zip Code

32789

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVST  
NAME ACKERBLOOM, JR T  
STREET ADDRESS 7681 MT CARMEL DR  
CITY-ST-ZIP ORLANDO FL 32835

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVST  
1.2 NAME ACKERBLOOM, JR. T.R  
1.3 STREET ADDRESS 28850 Beauclair Dr  
1.4 CITY-ST-ZIP TAVARES, FL 32778

☒ Change

☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19 /99 352-429-8765

CR2E034 (11/98)