


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N93000001557 (8)**

1. Corporation Name

**MUSTANG & FORD MOTORSPORTS CLUB, INC.**



Principal Place of Business <b>2820 MAX SMITH ROAD LUTZ FL 33549 US</b>		Mailing Address <b>P O BOX 274062 TAMPA FL 33588 US</b>	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>04/06/1993</b>	4. FEI Number <b>59-3178684</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23. Zip	28. Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent <b>AMES, DEBRA J 2820 MAX SMITH ROAD LUTZ FL 33549</b>		10. Name and Address of New Registered Agent	
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)			
83. City			
84. Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KANE, WILLIAM</b>	1.2 NAME	<b>Pres. Rosenkranz, Ronald</b>
STREET ADDRESS	<b>22336 DUPREE DR</b>	1.3 STREET ADDRESS	<b>2702 Motor's ports Dr.</b>
CITY-ST-ZIP	<b>LAND O' LAKES FL</b>	1.4 CITY-ST-ZIP	<b>Tampa, FL 33619</b>
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSENKRANZ, ALICE</b>	2.2 NAME	<b>Vice Pres. Allan Blair</b>
STREET ADDRESS	<b>2702 MOTORSPORTS DRIVE</b>	2.3 STREET ADDRESS	<b>3511 74th Ave. No.</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	2.4 CITY-ST-ZIP	<b>Pinellas Park, FL 33781</b>
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KANE, KATRINA</b>	3.2 NAME	<b>Secretary Vivian</b>
STREET ADDRESS	<b>22336 DUPREE DR</b>	3.3 STREET ADDRESS	<b>3511 74th Ave No.</b>
CITY-ST-ZIP	<b>LAND O'LAKES FL</b>	3.4 CITY-ST-ZIP	<b>Pinellas Park, FL 33781</b>
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILKINSON, EDWIN</b>	4.2 NAME	
STREET ADDRESS	<b>7129 DECISION ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAND O'LAKES FL</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AMES, DEBRA</b>	5.2 NAME	<b>Director Miller, Joel</b>
STREET ADDRESS	<b>2820 MAX SMITH ROAD</b>	5.3 STREET ADDRESS	<b>26360 Rosecrans St.</b>
CITY-ST-ZIP	<b>LUTZ FL</b>	5.4 CITY-ST-ZIP	<b>Brooksville, FL 34602</b>
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CIESIELSKI, JURGEEN</b>	6.2 NAME	
STREET ADDRESS	<b>14733 N FLORIDA AVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Vivian M. Blair 1/25/98 (813) 576-0312

CR2E037 (10/97)