FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY 15 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **348349** **(2)**

1. Corporation Name
INTERNATIONAL MOTOR SPORTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3502 HENDERSON BLVD TAMPA FL 33609 US	PO BOX 10709 TAMPA FL 33679-0709 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/23/1969
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business
21: 3502 Henderson Blvd.
Suite, Apt. #, etc.
22: 2nd Floor
City & State
23: Tampa, FL 33609
Zip: 24: 33609 Country: 25: USA

2a. Mailing Address
26: 3502 Henderson Blvd.
Suite, Apt. #, etc.
27: 2nd Floor
City & State
28: Tampa, FL 33609
Zip: 29: 33609 Country: 30: USA

4. FEI Number: 06-0854123 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WHITE, ESQ D T
~~2255 GLADES RD, STE 340 W~~ 3502 Henderson Blvd.
~~BOCA RATON FL 33431~~ Tampa, FL 33609

10. Name and Address of New Registered Agent

81 Name: Daniel T. White
82 Street Address (P.O. Box Number is Not Acceptable): 3502 Henderson Blvd.
83: 2nd Floor
84 City: Tampa, FL **FL** 85 Zip Code: 33609

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	11 TITLE	☐ Change ☐ Addition
NAME	SLATER, CHARLES R	12 NAME	
STREET ADDRESS	3502 HENDERSON BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	300001490443
TITLE	P	21 TITLE	-05/17/95--01030-004 ☐ Addition
NAME	KELLEY, JR H J	22 NAME	****225.00 ****225.00
STREET ADDRESS	3502 HENDERSON BLVD	23 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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(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.

SIGNATURE: _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0304806 CP