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

DOCUMENT # F93000002308

SPUR RACING TEAM INC.

FILED Jan 28, 1999 8:00am Secretary of State

01-28-1999 90025 008 ***150.00

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		\$4 - 76 A - I - I			·	NE BIRER HAIR		
Principal Place	e of Business .	Mailing Address	•				•	
P.O. BOX 489 MEADOWLANDS PA 15347 MEADOWLANDS PA 15347								
					DO NOT WRITE IN THIS S	PACE		٦
:					3. Date Incorporated or Qualifed 05/18/1993			
2. Principal Place of Business 2a. Mailing Address						plied For] =	
21		26			25-1150141	No	t Applicable	_ ^,
Suite, Apt. #, etc. Suite, Apt. #, etc.				5 Cortificate of Status Desired Status Desired Status Desired				
22	•	27			J. Certificate of Status Desired	Fee Re	quired	1
City & State City & State				6. Election Campaign Financing	\$5.00	May Be		
23 28			Trust Fund Contribution Added to Fees				1	
Zip	Country	Zip	Country	1	8. This corporation owes the current year Intar	_	_	
24	25	29 3	30		t olderer reporty . Ext	☐ Yes É	₩No	1
	9. Name and Address of Current			1	10. Name and Address of New Registered A	gent		
,,,,	DIM DAME O COO		81	Name				
HARDIN, DAVID C ESQ.		82	Street Addr	ress (P.O. Box Number is Not Acceptable)			1	
	EAST BROWARD BLVD., SUITE 19	JOU .			<u> </u>		<u> </u>	1
FOR	IT LAUDERDALE FL 33394		83		一 一种人员经验的工具的		الله الله الله الله الله الله الله الله	
i İ		•	84	City	FI	85 Zip (Code	1
44 Purcuant	to the provisions of Sections 607 0502	and 607.1508. Florida Statutes	s, the abov	e-named corp	poration submits this statement for the nurnose of cl	nanging its	registered	1
office or r	registered agent; or both, in the State of am familiar with, and accept the obligation	' Florida - Such channe was aut	horized by	the corporate	on's board of directors. I hereby accept the appoint	ment as re	gistered	-
SIGNATURE								
	Signature, typed or printed name of registered agent a			nt signature require	d when reinstating) DATE	, DIDECTO	DC IN 12	1
12.	OFFICERS AND	DIRECTORS DELETE	13.	<u> </u>	ADDITIONS/CHANGES TO OFFICERS AND	☐ Change	Addition	1/2
TITLE	DP	⊢ nere1e	1.1 TITLE		- * '-'			
NAME	DAVIS, ROY.D	T TO ACIV DO AC	1.2 NAME	*******				8
STREET ADDRESS		E IMAUN MUAD		TADDRESS				Ļ
CITY-ST-ZIP	MEADOWLANDS PA 15347	DELETE	1.4 CITY-S	IT-ZIP		Change	Addition	1.1
TITLE	S DAVIO DOV D ID		2.1 TITLE					1
NAME	DAVIS, ROY D JR.	E TRACK BOAR	2.2 NAME					1
STREET ADDRESS				T ADDRESS				1
C/TY-ST-ZIP	MEADOWLANDS PA 15347	· · · · · · · · · · · · · · · · · · ·	2. 4 CITY-	ST-ZIP	• .	Charac		1
TITLE ,		☐ DELETE	3.1 TITLE			Change	Addition	1
NAME		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	3.2 NAME		. · ·			1
STREET ADDRESS		· · · · ·	3.3 STREE	TADDRESS			1.0	1.
CITY+ST-ZIP			3.4. CTTY-	ST-ZIP				4
TITLE		☐ DELETE (4.1 TITLE			Change	☐ Addition	1
NAME.			4. 2 NAME		•			1
STREET ADDRESS] :		4.3 STREE	TADORESS	•			1
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				1
TITLE	÷	DELETE ~	5.1 TITLE .			Change	Addition	
NAME			5.2 NAME	1				Γ
STREET ADDRESS			5.3 STREE	TADORESS				5.
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	· .		,ee.	
TITLE		, DELETE	6.1 TITLE	İ		☐ Change	Addition	
NAME		. 304	E CONTAINE	[_		14.	
		- 116 F	6.2 NAME	· 1				1
STREET ADDRESS			1	T ADDRESS				

14. 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, at on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 6 1999

412-488-736