SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT . FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** G04365 (4)ROEBLING ROAD KARTING, INC. Principal Place of Business Mailing Address 240 NORTH STREET P O BOX 150190 LONGWOOD FL 32750 ALTAMONTE FL 32715-0190 3. Date Incorporated or Qualified 3a. Date of Last Report 10/13/1982 2. Principal Place of Business 04/11/1995 2a. Mailing Address 4. FEI Number 21 Applied For 26 59-2234377 Suite, Apt. #, etc. Not Applicable Suite. Apt. #, etc. 22 \$8.75 Additional 5. Certificate of Status Desired 27 City & State Fee Required City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 Ζıρ Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under sides 199,032 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WEST, IN C 81 Name **180 CHARLOTTE ST** 82 Street Address (P.O. Box Number is Not Acceptable) **LONGWOOD FL 32750** 83 84 City 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 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 (brone Registered Agent signal relrequired when resistating) CATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE (96/8)DELETE 1.1 TOUR NAME Change Addition WEST, III C 1.2 NAME STREET ADDRESS **180 CHARLOTTE ST** 1.3 STREET ADDRESS **LONGWOOD FL** CITY - ST - ZIP 14 CHY ST-ZIF TITLE **VPT** DELETE 2 1 TITLE Change Addition NAME WEST, FRANCES P 2.2 NAME STREET ADDRESS **180 CHARLOTTE ST** 2.3 STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 2 4 CITY - ST - ZIP THILE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STHEET ADDRESS 3.3 STREET ADDRESS CITY - ST- ZIP 34 CITY-ST-ZIP TITLE DELETE 41 THE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 7IP TITLE DELETE 61 DITE 00001894426ange Addition NAME 6.2 NAME -07/16/96--01066--028 \*\*\*225.00 STREET ADDRESS 6.3 STREET ADDRESS 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)(k). Florida Statutes 1 further certify that the information indicated on this annual report or supplemental around report is true and accurate and that my signature shall have the same legal effect as made under oath, that I am an officer of director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes of that my name appears in Block 12 d. Block) 3 if changed or on an attachment with an address

CHARLES D. WEST III 6/15/96 407-831-1426

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR