PROFIT CORPORATION ANNUAL REPORT 1996		NG FEE AFTI	FLORIDA DEPARTMENT OF STATE Sandra B. Mortharn Secretary of State DIVISION OF CORPORATIONS						
		95331	(6)	(6)					
T & N	M RACING INC.					 	11 8 1 21 8 1 8 1812 8	IIII AHAH A	### 0 1040 010 11 (04 1
Principal Place	e of Business	Mailir	g Address						
RT. 2A BOX MORRISTO	X 116 N FL 32668		. 2A BOX 116 DRRISTON FL 3266	8					
2 Principal P	lace of Business	20.14	- Was in Andreas on			3. Date Incorporated or Qualified 04/10/1984	ı	e of Last I)5/01/1	-
1	IACE OF DUSINESS	2a. M.	ailing Address			4, FEI Number 59-2383483			Applied For
Suite, Apt.		- 	ilte, Apt. #, etc.			5. Certificate of Status Desired			Not Applicable 5 Additional Required
Orty & State		Ci 28	ty & State			Election Campaign Financing Trust Fund Contribution		\$5.0	00 May Be
Zip Country Zip 4 25 29			30		8. This corporation has liability for Florida Statutes Yes	r intangible tax under s 199.032, s □ No			
	g. Name and Address o	f Current Registere	d Agent	81		10. Name and Address of New I	Registered	Agent	
ROSEN	IFELL), THERESA ANN								
	, BOX 116			82	Street Add	ress (P.O. Box Number is Not Acceptal	ole)		
	STOWN FL 32668			83					
				84	City			85 Z	ip Code
11. Pursuant f	to the provisions of Sections €	607.0502 and 607.15	OR Florida Statute	or the above r		ration submits this statement for the pu	FL		
or register familiar wit	red agent, or both, in the State th, and accept the obligations	e of Florida. Such ch	ange was authorize	io, the above,	oration's boar	ration submits this statement for the pu	rpose or cha	inging its	registered office
SIGNATURE _	, -	S OF DACTION DOLL DO	 Florida Statutes. 	ag by the corpo		to or directors. I hereby accept the app	ontment as	- Ogistoi ot	agent ram
		5 57 555.500	o, monda otatutes.				ontment as	rogistoi pi	o agent. Fam
	Signature typed or printed name of regis	stered agent and title if applica	able. [NOT	TE: Registered Agent		when reinstating!	DATE		
		5 57 555.500	able (NOT	TE: Registered Agent			DATE ICERS AND	DIRECTO	DRS IN 12
12,	OFFICE P	stered agent and title if applic SERS AND DIRECTOR	able. [NOT	TE: Reg s'ered Agent 13. 1 1 TITLE		when reinstating!	DATE ICERS AND		
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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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE

SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Cate

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Control of the exemption stated in Section 119.07(3)(k). Florida Statutes. I further double for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further 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

THERESA ANN ROSENFEW

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