FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G95331

(6)

FILED
May 04 1998 8:00am
Secretary of State

T & M	RACING INC.						
21590 SE 42 MORRISTON		Mailing Address 21550 SE 42 ST MORRISTON FL 32688		DO NOT WRITE IN T		JI) 810)ć 1 14 1	
US		US			3. Date Incorporated or Qualified	THO OF ACE	
					04/10/1984		
2. Principal P	Place of Business	2a. Mailing Address		····	4. FEI Number	T A	pplied For
21 500	ne as above	26			59-2383483		ot Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired
City & Stat	10	City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution		to Fees
Žip	Country	Zip	Cou	ntry	8. This corporation owes or has paid the		
24	25	29	30		Personal Properly Tax due June 30.		□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registe	red Agent	
RC	SENFELD, THERESA ANN			81 Name			
	550 SE 42 ST		ì	82 Street Add	iress (P.O. Box Number is Not Acceptable)		
MO	Orriston FL 32668		}	00017100			
				83			
				84 City			A de la constant
				City		FL 85 Zip	Code
agent. I a	am familiar with, and accept the obligation of t	ions of, Section 607.0505.	, Florida Stat	utes.	poration submits this statement for the purpo- tion's board of directors. I hereby accept the		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	P DELETE		1177	LE		Change	Addition
NAME	ROSENFELD, THERESA ANN		1.2 NA	ME			
STREET ADDRESS	21550 SE 42 ST		1.3 ST	REET ADDRESS			
CITY-ST-ZIP	MORRISTON FL		1.4 CI	Y-ST-ZIP			
TITLE	8T □ DELETE		21 111	LE		☐ Change	Addition
NAME	ROSENFELD, MICHAEL ALAN		2.2 NA	ME			
STREET ADDRESS	21550 SE 42 ST		2.3 \$1	REET ADDRESS	∆ *		
CITY-ST-ZIP	MORRISTON FL		2. 4 CI	TY-ST-ZIP			
TITLE		DELETE	3 1 TIT	LE		Change	Addition
NAME	1		3.2 NA	ME			
STREET ADORESS			3.3 ST	REE1 ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP			FT 4 3 3 3 3
TITLE		☐ DELETE	. 4.1 TIT	ŀ		Change	Addition
NAME			4. 2 N/	ĵ			
STREET ADDRESS			4.3 ST	REET ADDRESS			
CITY-ST-ZIP				Y · ST - ZIP		T1~	T 4 2000
TITLE		☐ DELETE	5.1 TIT	1		Change	Addition
NAME			5.2 NA				
STREET ADDRESS			1	REET ADDRESS			
CITY-ST-ZIP		DELETE		Y-ST-ZIP		Ohan	Addition :
TITLE		ן_] טנננונ	6.1 TIT	i		Change	Addition
NAME			6.2 NA				
STREET ADDRESS	<u>'</u>			REET ADDRESS			
CITY-ST-ZIP			6.4 011	Y-ST-ZIP			

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, or on an attachment with an address.

- Sheered Day Parent

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