

DOCUMENT # H70342			
1. Entity Name			
AUTO PRO RACING, INC.			
Principal Place of Business		Mailing Address	
4651 BABCOCK ST NE 16B PALM BAY FL 32905-2808 US		4651 BABCOCKSTINE 16B PALM BAY FL 32905 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
FIORELLI, DONALD 4651-16 BABCOCK ST. NE PALM BAY FL 32907			Name
			Street Address (if different from above)
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required)			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>			
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State			
11. OFFICERS AND DIRECTORS			
TITLE	DP	<input type="checkbox"/> Delete	
NAME	FIORELLI, DONALD		
STREET ADDRESS	626 ELIZABETH ST SE		
CITY-ST-ZIP	PALM BAY FL		
TITLE	VD	<input type="checkbox"/> Delete	
NAME	FIORELLI, DENISE		
STREET ADDRESS	626 ELIZABETH ST SE		
CITY-ST-ZIP	PALM BAY, FL		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
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12.			
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CITY-ST-ZIP			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607 of the Florida Statutes, and that the information in this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 of the Florida Statutes, changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

SIGNATURE: