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

FILED Apr 24 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8)RIGHT TRACK GREYHOUNDS, INC. Principal Place of Business Mailing Address 388 WOODSTEAD CIR. 368 WOODSTEAD CIR. LONGWOOD FL 32778 LONGWOOD FL 32779 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/15/1987 Applied For 2. Principal Place of Business 21 218 MONTENEY 59-2842668 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible □ No ☐ Yes Personal Property Tax due June 30. Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MELILLO, JOHN M. 388 WOODSTEAD CIR. Street Address (P.O. Box Number is Not Acceptable) LONGWOOD FL 32779 **B4** Zip Code 11. Pursuant to the provisions of Soctions 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. CONLY Addaess Changed SIGNATURE frame of registered agent and title if applicable en reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE MELILLO, JOHN MELILLO, JOHN M. NAME 12 NAME 388 WOODSTEAD CIR. STREET ADDRESS 13 STREET ADDRESS LONGWOOD FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - S1 - ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZiP TITLE DELETE Change Addition 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

Change

Addition

DELETE

TITLE NAME

STREET ADDRESS

JOHN M. MELILLO 4-16.98 407-774-8282