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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L06254 1. Corporation Name

DAVE PLETCHER RACING, INC.

Principal Place of Business Mailing Address								I BILIN HUDI UN	IS BINT BINII NI	6)1 013 11 01011) (B) (186) (188)
C/O DAVE PLETCHER		C/O DAVE PLETCHER				1					
4470 63RD CIRCLE N		4470 63RD CIRCLE N				DO NOT INDITE IN THE STAGE					
PINELLAS PARK FL 34665		PINELLAS PARK FL 34665				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified					
							3. Date incorporated 08/01/1989	or Qualifed			
2. Principal Pi	lace of Business	2a. Mailing	Address	_			4. FEI Number			_ 	oplied For
21		26					59-2964648				ot Applicable
Suite, Apt.	#, etc.	Suite, A	Apt. #, etc.				5. Certifcate of Status	Desired			Additional
22		27									equired
City & State	e	City & S	State				6. Election Campaign	-		•	May Be
23		28		0			Trust Fund Contrib				to Fees
Zip	Country	Zip	Г	Countr	у		8. This corporation ov		ent year int	engible Yes	□No
24	25	29 29		30			Personal Property 10. Name and Addres		enistered		
	9. Name and Address of Cur	Tent Registered Ag	jent	8	1 Nar	ne	10, Italiio dila Adalai				<u></u>
PLET	TCHER, DAVE			Ľ						· -	• •
	63RD CIRCLE N.			8	2 Stre	et Addre	ss (P.O. Box Number is	Not Accepta	ible)		
PINE	LLAS PARK FL 34665			8:	3						
					1			****			,
				8-	4 City	,			FL	85 Zig	Code /
44 Diversions	to the provisions of Sections 607.0	0502 and 607 1508	Elorida Statute	e the abo	ve-nam	ed corpo	ration submits this stater	nent for the	nurnose of	changing its	registered
office or re	egistered agent, or both, in the Sta	ate of Florida. Such	change was au	uthorized b	y the co	orporation	s board of directors. I h	ereby accep	t the appoi	ntment as re	egistered
agent, I ar	m familiar with, and accept the obl	ligations of Section	.607.0505. Flor	rida Statute							
3		J 24, ===##17									
SIGNATURE						ure required	when rainstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.	. (NOTE:	Registered Ag		ure required	when reinstating) ADDITIONS/CHANG	SES TO OFF		D DIRECTO	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered		. (NOTE:		ent signat	ure required		SES TO OFF		D DIRECTO	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered OFFICERS	agent and title if applicable.	. (NOTE:	Registered Ag	ent signat	ure required		SES TO OFF		_	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered OFFICERS D PLETCHER, DAVE	agent and title if applicable.	. (NOTE:	13. 1.1 TITLE	ent signat			GES TO OFF		_	
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14. I 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, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90133 006 ***150.00