

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

**FILED**  
**May 04 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # L08512 (0)**  
 1. Corporation Name  
**RACEWARE U.S.A., INCORPORATED**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>223 ALTAMONTE COMMERCE BLVD.                  STE. 1036                  ALTAMONTE SPRINGS FL 32714-2550                  US</b>	Mailing Address <b>223 ALTAMONTE COMMERCE BLVD                  SUITE 1306                  ALTAMONTE SPRINGS FL 32714-2550                  US</b>
--	--

3. Date Incorporated or Qualified <b>08/09/1989</b>	4. FEI Number <b>59-2965094</b>	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent  
**AMES, GERALD E.  
 223 ALTAMONTE COMMERCE BLVD.  
 SUITE 1306  
 ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>AMES, GERALD E.</b>
STREET ADDRESS	<b>263 NEW WATERFORD PLACE</b>
CITY-ST-ZIP	<b>LONGWOOD FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>AMES, SANDRA K.</b>
STREET ADDRESS	<b>263 NEW WATERFORD PLACE</b>
CITY-ST-ZIP	<b>LONGWOOD FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>AMES, MICHAEL J.</b>
STREET ADDRESS	<b>243 FOXCHASE POINT</b>
CITY-ST-ZIP	<b>LONGWOOD FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>NELSON, CRAIG M.</b>
STREET ADDRESS	<b>190 E. ST. CHARLES RD.</b>
CITY-ST-ZIP	<b>ELMHURST IL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>NELSON, LAURIE K.</b>
STREET ADDRESS	<b>190 E. ST. CHARLES RD.</b>
CITY-ST-ZIP	<b>ELMHURST IL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

SIGNATURE: *Sandra K. Ames, Secretary of State* *4/22/98 407-226-4400*

CR2E034 (10/97)