

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

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90011 006 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **L08512**

1. Corporation Name  
**RACEWARE U.S.A., INCORPORATED**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 223 ALTAMONTE COMMERCE BLVD.  
 STE. 1036  
 ALTAMONTE SPRINGS FL 32714-2550  
 US

Mailing Address  
 223 ALTAMONTE COMMERCE BLVD  
 SUITE 1306  
 ALTAMONTE SPRINGS FL 32714-2550  
 US

3. Date Incorporated or Qualified  
**08/09/1989**

4. FEI Number  
**59-2965094**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
Suite, Apt. #, etc.					Suite, Apt. #, etc.				
City & State					City & State				
Zip		Country			Zip		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 **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, with all other like empowered.

SIGNATURE: *Sandra Ames* SIGNATURE REQUIRED *Sandra K. Ames* 4/24/99 407-774-4006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)