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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L79701
1. Corporation Name
JOHN D. RUE RACING TEAM, INC.

(3)

FILED	
May 14 1998 8:00am	ì
Secretary of State	

Principal Plac	e of Busines	\$	Mailing /	Address						ir Arfeit Albii gil	***
632 DUNLAW	TON AVE.			NLAWTON AVE							
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PORT ORANG	GE FL 32127	PORT C	PORT ORANGE FL 32127				DO NOT WRITE IN THIS SPACE				
							· · · · · · · · · · · · · · · · · · ·	3. Date Incorporated or Qualified 06/08/1990			
2. Principal F	lace of Busin	1088	} —	ig Address				4, FEI Number		A	pplied For
21			26	 			· · · ·	59-3056211			ot Applicable
Sulte, Apt.	#, etc.		⊢ ¬	, Apt. #, etc.				5. Certificate of Status Desired	\mathbf{X}	•	Additional
22 Oits & Cont			27	Pialo							equired
City & Stat	ie		·	& Stale				6. Election Campaign Financing			May Be
Zip		Country	28		Cou	atry		Trust Fund Contribution			to Fees
24 ZIP		₁	F		├ ─────	шу		8. This corporation owes or has p			
24	a Nama	25 and Address of Curre	29 ent Begistered	Agent	30]			Personal Property Tax due Jun 10. Name and Address of New R			No.
	HN D. RUE		our mediororan	uAbin.		81 1	Name	IO. Haine and Address of 198W K	- Brarel en	Chair.	_
	2 DUNLAW				[
	E A	ION ATE				82 8	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
		SE FL 32127			}	83					
-	ZITT OTVITO	M. 1"L U£1£!									
					[64 (City		FL	85 Zip	Code
44 Pureuset	to the provin	ions of Sections 607.00	102 and 607 167	18 Florida Statut	les the sh	nve.n	named corpo	pration submits this statement for the	nurnose o	f changing i	ts registered
office or r	registered ad	jent, or both, in the Sta	te of Florida. Su	ch change was :	authorizec	i by th	ne corporation	on's board of directors. I hereby acce	pt the app	pointment as	registered
agentla	am tamihar wi	ith, and accept the obli	igations of, Socti	ion 607. 05 05, Fl	orida Statu	лes.					
SIGNATURE	Signature torond	For printed name of registered a	mont and little of section	able /MO	I Hanistoren	Ancata	signature requires	d when reinstating)	DATE		
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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 applicmental about report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or thurrecover 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 appears with an address