
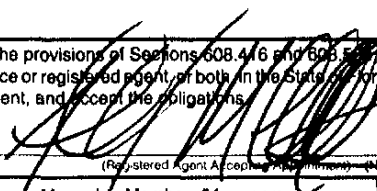



FILE NOW: Fee after May 1, will be \$588.75

APPROVED
AND
FILED

97 MAY -1 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DOCUMENT #L94000000126 KARTWORLDS OF CENTRAL FLORIDA L.C. 5370 INTERNATIONAL DR. ORLANDO FL 32819		1a. Principal Place of Business Address 5370 INTERNATIONAL DR. ORLANDO FL 32819	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Organized or Qualified 03/28/1994		3a. State of Formation FL	
4. FEI Number 59-3247010		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 05/06/1996		6. Certificate of Status Desired <input checked="" type="checkbox"/> Additional Fee Required	
7. Name and Address of Current Registered Agent CLARK, TIMOTHY 5370 INTERNATIONAL DR. ORLANDO FL 32819		8. Name and Address of New Registered Agent Name: Timothy Clark Street Address (P.O. Box Number is Not Acceptable): 7551 Currency Drive Suite, Apt. #, etc. City: ORLANDO FL Zip Code: 32809	
9. Pursuant to the provisions of Sections 608.4(6) and 608.507, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE: 		DATE: 4/29/97	
(Registered Agent Acceptance Acknowledgment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	CLARK, ROBERT	5370 INTERNATIONAL DR.	ORLANDO FL
MGR	CLARK, TIMOTHY M	5370 INTERNATIONAL DR.	ORLANDO FL
			500002173015--0 -05/09/97--01075--018 ****212.50 ****212.50 A. Alan 5/1/97
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: 		Robert Clark	
		4/29/97 407-888-3338	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	