

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 MAY -1 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
**\$ 188.75** 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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

03/28/1994

FL

4. FEI Number

☐ Applied For

☐ Not Applicable

59-3247010

5. Date of Last Report

6. Certificate of Status Desired

05/01/1997

\$8.75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

CLARK, TIMOTHY  
7551 CURRENCY DRIVE  
ORLANDO FL 32809

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, 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 \_\_\_\_\_

(Registered Agent Accepting Appointment) (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

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\*\*\*\*197.50 \*\*\*\*197.50

dec (cus)

11. I do 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 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

4/29/98 407-888-3338

(SIGNATURE, TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER)

Date

Daytime Phone #