File on or before May 1, 1999 subject to a \$ 400.00 LATE F		_lability Co	omp	any will be	)		. · · · ,	•
LIMITED LIABILITY COMPANY  ANNUAL REPORT  1999  FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS					SECTION FOR STATE			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE					9911117-3 M110:54			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # 19400000126					]			5/ <b>5</b>
KARTWORLDS OF CENTRAL FLORIDA L.C. 5370 INTERNATIONAL DR. ORLANDO FL 32819					1a. Principal Place of Business Address 5370 INTERNATIONAL DR. ORLANDO FL 32819			
Principal Place of Business					3. Date Organize	ed or Qualified	Taa State	of Formation
2 Principal Place of Business 7551 Currency Drive	7551	Currency Drive			03/28/1		FL	i Di Politiauon
Suite, Apt. #, etc.	Suite, Apt. #	. #, etc.			4. FEI Number		1	Applied For
City & State	·	City & State			59-3247	010		Not Applicable
Orlando, FL 32809 Zip Country	Orland Zp	do, FL	328 Country	309	5. Date of Last R	•		cate of Status Desired
32809	32809				<u> </u>			رها
7. Name and Address of Current Registered Agent  CLARK, TIMOTHY 7551 CURRENCY DRIVE ORLANDO FL 32809  9. Pursuant to the provision of Sections 608 416 and 608.508, Florida Statutes, the at its registered office or usually adapted, or both, in the State of Florida. Such change was a as registered agent of the obligations.  SIGNATURE  (Registered Agent Accepting Apportment) (NOTE Registered Agent Accepting Apportment) (NOTE REGISTANCE) (NOTE			the above was authorized to the sum of the s	Orlando  FL 32809  over-named limited liability company submits this statement for the purpose of athorized by affirmative vote of a majority of the members. Thereby accept the argument of the purpose of a majority of the members. Thereby accept the argument of the purpose of				7'3 1 7'! -01087008 0 ****197.50 9 e purpose of changing accept the appointment 99 Zip Code 32809 32809
Ido hereby certify that the information supplindicated on this annual report is true and a limited liability company or the receiver attachment with an address.	ied with this filing doe nike end that my sig se empowered to ex	es not qualify for the nature shall have kecule this report	the exen te the sa t as requ	inption stated in Se irne legal effect as uired by Chapter t	oction 119.07(3) (i), F s if made under oath 608, Florida Statutes	that I am a ma s; and that my n	naging men ame appea	nber or manager of the rs in Block 10, or on an

INHSE10 R (12-98)

**SIGNATURE:** 

KOBERT K. CLARK
WHE AND TYPED OF PRINTED NAME OF SIGNING MANAGERS ME HER MANAGER