SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

SIGNATURE:

NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sep 17 1998 8:00am<sup>5</sup> Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** Secretary of State DOCUMENT # N41973 (1) GREATER ORLANDO AUTO RACERS, INC. Principal Place of Business Mailing Address 970 KELLER ROAD 970 KELLER ROAD 3. Date incorporated or Qualified ALTAMONTE SPRINGS FL 32714 **ALTAMONTE SPRINGS FL 32714** 02/05/1991 4. FEI Number Applied For 59-3059132 Not Applicable 2. Principal Place of Business Mailing Address \$8.75 Additional 5. Certificate of Status Desired SAME SAME 21 26 Fee Required Suite, Apt. #, etc. Sulte, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 \_ Yes Zìo Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Brittain JASON MCCOIN, JOE Street Address (P.O. Box Number is Not Acceptable) 82 142-A SPRINGWOOD CIR 83 LONGWOOD FL 32750 84 C4751 \$617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered as of, section 617.0503, Florida Statutes. 11. Pursuant to the provisions of sections 613.0502 a office or registered agent, or both, to the State of agent. I am familial with, and about the oblige SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 1.1 TITLE DELETE Change Addition JASON Brittain MCCOIN, JOE NAME 1.2 NAME 1510 PukDr 142-A SPRINGWOOD CIR STREET ADDRESS 1.3 STREET ADDRESS L**ON**GWOOD FL 32750 CASSIL BIRRY CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE **DELETE** 2.1 TITLE DAVID Franklin NAME SOLOSY, STEPHEN 2.2 NAME 2687 O. rangefeel CT. **561 JASMINE RD** STREET ADDRESS 2.3 STREET ADDRESS orlando: CASSELBERRY FL 32707 CITY-ST-ZIP 2.4 CITY-ST-ZIP 3.1 TITLE DELETE Addition NAME Longhitand, Jay 3.2 NAME t-Same 8676 FOLEY DRIVE STREET ADDRESS 3.3 STREET ADDRESS CHANGE. ORLANDO FL 32825 CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 4.1 TITLE DELETE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE DELETE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **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)(1), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if phanged; or on an effect, with an address.

1 LONGHITAND 8-24-98 (407)275-8655