FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Secretary of State

DOCUMENT # N50794 (9)

1. Corporation Name

KARTING FOR KIDS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 17414 CLEARWATER FL 34622-0414	P.O. BOX 17414 CLEARWATER FL 34622-0414

FILED
95 MAY -1 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/11/1992
3a. Date of Last Report: 02/17/1994
4. FEI Number: 59-3142819 — [ ] Applied For [ ] Not Applicable

2. Principal Place of Business / 2a. Mailing Address / Suite, Apt. #, etc. / City & State / Zip / Country

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [ ] — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SWACKER, FRANK W. 8526 BARDMOOR PLACE LARGO FL 34647	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

11. Pursuant to the provisions of Sections 607.0505 and 617.0503, Florida Statutes, the above named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE	D	[ ] Change [ ] Addition
NAME	ALLEMAN, REBECCA P.	
STREET ADDRESS	850 SEACREST DR.	
CITY-ST-ZIP	LARGO FL	
TITLE	D	[ ] Change [ ] Addition
NAME	EVANS, CARL	
STREET ADDRESS	2852 W VENUS DEL MAR	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	[ ] Change [ ] Addition
NAME	LESINSKI, PAUL	
STREET ADDRESS	14929 NEWPORT RD.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	[ ] Change [ ] Addition
NAME	NEWBERT, JOEL	
STREET ADDRESS	2821 SKIMMER POINT DR SO	
CITY-ST-ZIP	GULFPORT FL	
TITLE	D	[ ] Change [ ] Addition
NAME	SHREVES, DALE	
STREET ADDRESS	9800-135TH ST NO.	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	D	[ ] Change [ ] Addition
NAME	THOMAS, JOHN	
STREET ADDRESS	218 HARBOR VIEW LN	
CITY-ST-ZIP	LARGO FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, 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 changed, or on an attachment with an address.

SIGNATURE: John Thomas — 4/28/95 — 813 531-8796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0008514