


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90015 037 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N930000000034					
1. Corporation Name NAPLES OFF-ROAD RACERS ASSOCIATION, INC.					
Principal Place of Business 4270 ATOLL COURT APT #8 NAPLES FL 34116 US			Mailing Address 4270 ATOLL COURT APT #8 NAPLES FL 34116 US		



2. Principal Place of Business 21 6820 Darby Ct Suite, Apt. #, etc. 22		2a. Mailing Address 26 6820 Darby Ct Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 12/30/1992	
City & State 23 Naples FL		City & State 28 Naples FL		4. FEI Number 65-0464619	
Zip 24 34104		Country 25 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 34104		30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent NICHOLS, ROBIN 4270 ATOLL COURT, APT 8 NAPLES FL 34116		10. Name and Address of New Registered Agent 81 Name Tammy Rodriguez 82 Street Address (P.O. Box Number is Not Acceptable) 6820 Darby Ct 83 84 City Naples FL 85 Zip Code 34104	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Tammy Rodriguez Tammy Rodriguez 6/15/99
 Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BARBERA, JOSEPH			1.2 NAME	Jeffrey DuRocher		
STREET ADDRESS	4270 ATOLL COURT, APT 8			1.3 STREET ADDRESS	4270 20th Ave SW		
CITY-ST-ZIP	NAPLES FL 34116			1.4 CITY-ST-ZIP	Naples, FL 34116		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BOCOCK, ERIC			2.2 NAME	Danilo A. Rodriguez		
STREET ADDRESS	2813 22ND PLACE SW			2.3 STREET ADDRESS	6820 Darby Ct		
CITY-ST-ZIP	NAPLES FL 34116			2.4 CITY-ST-ZIP	Naples FL 34104		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROBICHAUE, CHARLES			3.2 NAME	Dan DuRocher		
STREET ADDRESS	9529 WINTERVIEW DRIVE			3.3 STREET ADDRESS	5131 Hemingway Circle		
CITY-ST-ZIP	NAPLES FL 34110			3.4 CITY-ST-ZIP	Naples, FL 34116		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NICHOLS, ROBIN			4.2 NAME	Tammy Rodriguez		
STREET ADDRESS	4270 ATOLL COURT, APT 8			4.3 STREET ADDRESS	6820 Darby Ct		
CITY-ST-ZIP	NAPLES FL 34116			4.4 CITY-ST-ZIP	Naples FL 34104		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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)(i), 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, with all other like empowered.

SIGNATURE: Tammy Rodriguez Tammy Rodriguez 6/15/99 (911) 352 9021
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)