

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000001382 (7)

1. Corporation Name
RACING FOR KIDS, INC.

Principal Place of Business 5640 RANCH ROAD COCOA FL 32927	Mailing Address 5640 RANCH ROAD COCOA FL 32927
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2. Principal Place of Business 21 5640 RANCH RD	2a. Mailing Address 28 5640 RANCH RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27 N/A
City & State 23	City & State 28 COCOA FLA
Zip 24	Zip 29 32927
Country 25	Country 30 BRELMAD

9. Name and Address of Current Registered Agent EBERHARDT, JAY 5640 RANCH ROAD COCOA FL 32927	
81 Name N/A	10. Name and Address of New Registered Agent
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City FL	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EBERHARDT, JAY	1.2 NAME	
STREET ADDRESS	5640 RANCH ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32927	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAUGHTERY, JAMES	2.2 NAME	
STREET ADDRESS	5640 RANCH ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32927	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAUGHTERY, CRIS	3.2 NAME	Secretary
STREET ADDRESS	9A CARMALT ST.	3.3 STREET ADDRESS	mebby Tedder
CITY-ST-ZIP	COCOA FL 32927	3.4 CITY-ST-ZIP	121 South Orlando Ave West Cocoa Beach FLA 32931
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EBERHARDT, TRACY	4.2 NAME	Treasurer
STREET ADDRESS	5640 RANCH RD.	4.3 STREET ADDRESS	June Tedder
CITY-ST-ZIP	COCOA FL 32927	4.4 CITY-ST-ZIP	1271 E. Skidmore Dr Rockledge FLA 32955
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWORTH, LESLIE	5.2 NAME	
STREET ADDRESS	2944 SHEPARD DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32955	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.

SIGNATURE: _____ DATE: 3/11/98

CR2E037 (10/97)