


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

07-20-1999 90015 047 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N97000001382</b>					
1. Corporation Name <b>RACING FOR KIDS, INC.</b>					
Principal Place of Business 5640 RANCH RD COCOA FL 32927 US			Mailing Address 5640 RANCH ROAD COCOA FL 32927		



2. Principal Place of Business 21 <b>5640 RANCH RD</b>		2a. Mailing Address 26		3. Date Incorporated or Qualified <b>03/07/1997</b>	
Suite, Apt. #, etc. 22 <b>5640 RANCH RD</b>		Suite, Apt. #, etc. 27		4. FEI Number <b>59-3441296</b>	
City & State 23 <b>COCOA FL</b>		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip 24 <b>32927</b>		Country 25 <b>BERMUDA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>EBERHARDT, JAY</b> <b>5640 RANCH ROAD</b> <b>COCOA FL 32927</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD EBERHARDT, JAY 5640 RANCH ROAD COCOA FL 32927 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD SCOTT MCGILURAY 517 WOODS LAKE DR COCOA FL 32926 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAUGHTERY, JAMES 5640 RANCH ROAD COCOA FL 32927 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD DON ROBERTS 1756 QUAIL TRAIL MEL FL 32925 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TEDDER, MELODY 12 S ORLANDO AVE W COCOA BEACH FL 32931 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S JIM PARMALGG 1224 SUGAR CREEK LN ROCKLEDGE FL 32955 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TEDDER, JUNE 1277 ESTEDGE DR ROCKLEDGE FL 32955 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	T CALE PARMALGG 1224 SUGAR CREEK LN ROCKLEDGE FL 32955 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAWORTH, LESLIE 2944 SHEPARD DRIVE ROCKLEDGE FL 32955 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	2 VD LES HA WORTH 2944 SHEPARD DR 32955 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	M SAY EBERHARDT 5640 RANCH RD COCOA FL 32927 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

6/18/99

407-636-5376

Daytime Phone #

CR2E037 (5/99)