FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P93000039985 (5)

DOCUMENT #
1. Corporation Name

WILAR RACING, INC.										
Principal Place of Business 2049 E LEEWYNN DR SARASOTA FL 34240 US		Mailing Address 2049 E LEEWYNN DR SARASOTA FL 34240 US				I ADDITIONALITE PEROD INTH DUITH EDIRA	20 00 3	HILL HARVA	018)	
_						3. Date incorporated or Qualified 06/04/1993				
2. Principal Pla	ce of Business	2a. Mailing Address					4. FEI Number	.1.		Applied For
Suite, Apt. #, etc.		Suite Ant # etc	Suite, Apt. #, etc.				65-04 15795 Not Applicable			
22		27					5. Certificate of Status Desired			5 Additional e Required
City & State		City & State				6. Election Campaign Financing			00 May Be	
23		28					Trust Fund Contribution			led to Fees
Zip Country 25		Zip					8. This corporation has liability for intangible tax under s 199.032, Florida Statutes			
24	9. Name and Address of Curr	29 ent Registered Agent	30	, -			Florida Statutes Yes 10. Name and Address of New R		Agant	
				81	Name		IV. Maille alla Audress of New A	egistered	Agent	
ROWELL, WILLIAM A							7 0 0 0	<u> </u>		
	LEEWYNN DR			82	Street A	ddres	ess (P.O. Box Number is Not Acceptable)			
SARASO	TA FL 34240			83						·
				84	City				<u> </u>	7-0-1
					'			FL	1 1	Zip Code
familiar with	d agent, or both, in the State of Fix n, and accept the obligations of, Se lignature, typed or priviled name of registered ag	ortion 607.0505, Florida Statute	zea by the c	corp	oration's b	oard	on submits this statement for the purp of directors. I hereby accept the appo	intment as	registere	registered office ad agent. I am
12.	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS	13.	Agen	it signature rec	UKBO W	ADDITIONS/CHANGES TO OFF	CERS AND	DIRECT	ORS IN 12
TITLE	D	☐ DELETE		ITLE	P/		P		Change	
NAME	ROWELL, WILLIAM A		1.2 N	AME					_ •	_
STREET ADDRESS	2049 E LEEWYNN DR		1.3 S	REE I	ADDRESS					
CITY-ST-ZIP	SARASOTA FL		1.4 C	TY - S	T-ZiP					
TITLE		☐ DELETE	2 11					[Change	Addition
NAME STUTCE ADDOLOG			2.2 N							
STREET ADDRESS CITY-ST-ZIP			1		ADDRESS					
TITLE		☐ DELETE	3 1 T		ST-ZIP				1 Change	Addition
NAME		<u> </u>	32 N/					L	Onlange	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			3 4 CI	TY-S!	T-ZIP					
TITLE		☐ DELETE	4.11	TLE					Change	Addition
NAME			4.2 N/	ME	İ					
STREET ADDRESS			4.3 \$1	REET	ADDRESS					
CITY-S1-ZIP		Floren	4.4 CI	-	r-zie					
TITLE NAME	_			5. 1 TITLE] Change	Addition
STREET ADDRESS			5.2 NA		1000000					
CITY-ST-ZIP					ADDRESS					
TITLE	DELETE		5 4 CI		1.214			г	Change	Addition
NAME			6.2 N							radiion
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			64 CI							
oath; that I	ne informatiopandicated do this ac	nual report or supplemental ann Soration or the receiver or truste	ual report (e empower	e tren	e and acc	moto.	the exemption stated in Section 119.0 and that my signature shall have the seport as required by Chapter 607, Flo	land land		34

SIGNATURE:

HE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 15/96 941-378-4938