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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENTOS STATE Sandra B. Maria in .

Secretary of State DIVISION OF CORPORATIONS **FILED**

Mar 27 1998 8:00am

Secretary of State

1998

NAME STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # P93000058198 (1)

QUISENBERRY MOTOR SPORTS, INC.

Principal Place of Business Mailing Address 4609 SW 28TH AVENUE 4609 SW 28TH AVENUE FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/19/1993 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 65-043 1846 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible X Yes Personal Property Tax due June 30. ☐ No 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name NORMAN S. LEVIN, P.A. 1120 SOUTH FEDERAL HIGHWAY 82 Street Addr (D Box No SUITE #2 83 FORT LAUDERDALE FL 33316 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 accept the obligations of accept the obligations of accept the obligations. NORMON LAVIN (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition DELETE 1.1 TITLE TITLE QUISENBERRY, H R NAME 1.2 NAME 4609 SW 28TH AVENUE 1.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33312 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 21 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 3.1 TITLE Change TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP 14. | 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