FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 19 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000003990 (6)

1. Corporation Name
NORTH AMERICAN TOURING CAR CHAMPIONSHIP, INC.

Principal Place of Business	Mailing Address
334 E. LAKE RD. SUITE 310 PALM HARBOR FL 34685	334 E. LAKE RD. SUITE 310 PALM HARBOR FL 34685

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/18/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 6105 MEMORIAL HWY	26 6105 MEMORIAL HWY
Suite, Apt. #, etc. 22 SUITE E	Suite, Apt. #, etc. 27 SUITE E
City & State 23 TAMPA FL	City & State 28 TAMPA FL
Zip / Country 24 33615 / 25 USA	Zip / Country 29 33615 / 30 USA

4. FEI Number: 59-3149201 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under C. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~ELLIOT, ROGER J~~
~~334 E. LAKE ROAD~~
~~SUITE 310~~
~~PALM HARBOR FL 34685~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 6105 Memorial Highway Suite E
83 Tampa FL
84 City FL 85 Zip Code 33615

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, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PRSNT D	☒ Change ☐ Addition
NAME	ELLIOT, ROGER J	1.2 NAME	ELLIOT, ROGER J	
STREET ADDRESS	334 E. LAKE RD., SUITE 310	1.3 STREET ADDRESS	6105 Memorial Highway, Suite E	
CITY-ST-ZIP	PALM HARBOR FL 34685	1.4 CITY-ST-ZIP	Tampa, FL. 33615	
TITLE	~~SVP~~	2.1 TITLE		☒ Change ☐ Addition
NAME	~~HULING, MICHAEL D~~	2.2 NAME	DELETE	
STREET ADDRESS	~~16804 WAINWRIGHT CT.~~	2.3 STREET ADDRESS		
CITY-ST-ZIP	~~TAMPA FL 33647~~	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above or on an attachment with an address.

SIGNATURE: _____ ROGER J. ELLIOT 04/13/95 813-888-9444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

037B72N CP