


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000007225 (3)

1. Corporation Name
GRANDSTAND RACING APPAREL, INC.



Principal Place of Business 800 HARBOUR DR SUITE 1000 NAPLES FL 33940	Mailing Address 800 HARBOUR DR SUITE 1000 NAPLES FL 34103-4451
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3. Date Incorporated or Qualified 01/20/1994	3a. Date of Last Report 04/26/1996
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2. Principal Place of Business 21 850 Park Shore Drive Suite, Apt. #, etc. 22 Suite 203 City & State 23 Naples, FL Zip 24 34103	2a. Mailing Address 26 850 Park Shore Drive Suite, Apt. #, etc. 27 Suite 203 City & State 28 Naples, FL Zip 29 34103
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4. FEI Number 65-0481442	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WHITELAW, JENNIFER L 800 HARBOUR DR SUITE 1000 NAPLES FL 33940	
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10. Name and Address of New Registered Agent 81 Name Whitelaw, Jennifer L. 82 Street Address (P.O. Box Number is Not Acceptable) 850 Park Shore Drive, Suite 203 83 84 City Naples, FL 85 Zip Code 34103-3587	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> DELETE
NAME MCCONNELL, DAVID W	
STREET ADDRESS 400 4TH ST E	
CITY - ST - ZIP LEHIGH ACRES FL 33938	
TITLE VP	<input type="checkbox"/> DELETE
NAME MCCONNELL, LEAH H.	
STREET ADDRESS 400 EAST 4TH ST.	
CITY - ST - ZIP LEHIGH ACRES FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME MCCONNELL, DAVID W.	
1.3 STREET ADDRESS 400 4TH ST. E.	
1.4 CITY - ST - ZIP LEHIGH ACRES, FL. 33972	
2.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME MCCONNELL, LEAH H.	
2.3 STREET ADDRESS 400 4TH ST. E.	
2.4 CITY - ST - ZIP LEHIGH ACRES, FL. 33972	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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

SIGNATURE: David W. McConnell 4-15-97 (941) 368-2233

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)