

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000049393 (9)

1. Corporation Name
A.D.W. MOTORSPORTS, INC.

Principal Place of Business

130 EAGLETON CR.
PALM BCH GARDENS FL 33418
US

Mailing Address

130 EAGLETON CR.
PALM BCH GARDENS FL 33418
US

2. Principal Place of Business

21 4611 SW LAUREL OAK TERR

2a. Mailing Address

21 SAME

Suite, Apt. #, etc

22 —

27 Suite, Apt. #, etc

City & State

23 Palm City, FLA.

28 City & State

Zip

24 34990

29 Zip

Country

25 USA

30 Country

9. Name and Address of Current Registered Agent

FORMAN, TERRY J
1521 SW LE JEUNE RD
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

06/19/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0511926

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

□ Yes

□ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

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	1. NAME DPS WEIGER, DAVID	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 4611 SW LAUREL OAK TERR Palm City, FL 34990
NAME	1758 NW 88TH WAY	1.5 Change □ Addition
STREET ADDRESS	CORAL SPRINGS FL 33071	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
CITY-ST-ZIP		2.5 Change □ Addition
TITLE	2. NAME 3. STREET ADDRESS	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
NAME	3.5 Change □ Addition	
STREET ADDRESS	3.6 Change □ Addition	
CITY-ST-ZIP	3.7 Change □ Addition	
TITLE	4. NAME 5. STREET ADDRESS	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
NAME	4.5 Change □ Addition	
STREET ADDRESS	4.6 Change □ Addition	
CITY-ST-ZIP	4.7 Change □ Addition	
TITLE	5. NAME 6. STREET ADDRESS	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
NAME	5.5 Change □ Addition	
STREET ADDRESS	5.6 Change □ Addition	
CITY-ST-ZIP	5.7 Change □ Addition	
TITLE	6. NAME 7. STREET ADDRESS	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
NAME	6.5 Change □ Addition	
STREET ADDRESS	6.6 Change □ Addition	
CITY-ST-ZIP	6.7 Change □ Addition	

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 supplement to 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 amendment with my address.

SIGNATURE:

SIGNATURE TYPED OR PRINTED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/97 954-584-3200
Daytime Phone #

CP2E034 (9/96)