

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

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Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000067949 (5)

1. Corporation Name
DOYLE RACING INC.



Principal Place of Business

Mailing Address

877 EXECUTIVE CENTER DR. WEST
SUITE 303
ST. PETERSBURG FL 33742

877 EXECUTIVE CENTER DR. WEST
SUITE 303
ST. PETERSBURG FL 33702-2474

3. Date Incorporated or Qualified
09/15/1994

3a. Date of Last Report
03/11/1996

21. 11201 Danka Circle N.
Suite, Apt. #, etc.

26. 11201 Danka Circle N.
Suite, Apt. #, etc.

4. FEI Number
59-3268774

Applied For
Not Applicable

22. City & State
St. Petersburg, FL

27. City & State
St. Petersburg, FL

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

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

23. Zip 33716 County USA

28. Zip 33716 County USA

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

24. 33716 25. USA

29. 33716 30. USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POWERS, JILL FISHER
877 EXECUTIVE CENTER DR. WEST
SUITE 303
ST. PETERSBURG FL 33742

81. Name Anna Galatro
82. Street Address (P.O. Box Number is Not Acceptable)
11201 Danka Circle N.
83.
84. City St. Petersburg FL 85. Zip Code 33716

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: X Anna Galatro (typed, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE 4-25-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYLE, DANIEL M SR	1.2 NAME	
STREET ADDRESS	11201 DANKA CIR. NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	1.4 CITY-ST-ZIP	
TITLE	VSTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYLE, DANIEL M JR.	2.2 NAME	
STREET ADDRESS	877 EXECUTIVE CENTER DR. WEST, #303	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33742	2.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, WAYNE	3.2 NAME	
STREET ADDRESS	C/O 877 EXECUTIVE CENTER DR. WEST, #303	3.3 STREET ADDRESS	11201 DANKA Circle N.
CITY-ST-ZIP	ST. PETERSBURG FL 33742	3.4 CITY-ST-ZIP	St. Petersburg FL 33716
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWERS, JILL FISHER	4.2 NAME	Delete
STREET ADDRESS	877 EXECUTIVE CENTER DR. WEST, #303	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33742	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: X Daniel M Doyle (typed, typed or printed name of signing officer or director) DATE 4-25-97 DAYTIME PHONE #

CR2E034 (9/96)