SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)					
PROFIT FLORIDA DEP CORPORATION Sandr ANNUAL REPORT Secre		FLORIDA DEPARTI Sandra B. Secretary DIVISION OF CO	MENT OF STATE Mortham of State		
DOCUMENT # P9500002181 (2)					
RACING ADVENTURES, INC.					
Principal Place of Business Mailing Address					
4003 RIVERVIEW BLVD 4003 RIVERVIEW BLVD					AND MAINT AND
BRADENTON	FL 34209	BRADENTON FL 34209		Date Incorporated or Quality	red 3a. Date of Last Report
2. Principal B	lace of Business	<b>2a.</b> Mailing Address	-	01/05/1995 4. FEI Number	Applied for
21 <b>8\8</b> Suite, Apt	Commany Blad	Suite, Apt #, etc	say Blub.	7	Not Applicable
22 -		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	Peter	28 St-Pele		Election Campaign Financia     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 337	25 WM	29 <b>33</b> 3	Country UJA	This corporation has liability     Florida Statutes	for intangibly tax under s. 199 032
CH	Name and Address of Curr  ILTON, GENE	rent Registered Agent	81 Name	10. Name and Address of New	v Registered Agent
4003 RIVERVIEW BLVD 82 Street Addre			Address (PO, Box Number is Not Acce	ptable)	
ВК	ADENTON FL 34209		83		
			84 City		FL 85 Zip Code
11. Pursuant to the avovisions of Sacrons 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 bdiff in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, altri additions of, Section 607.0505, Florida Statutes.					
SIGNATURE			Registered Agent's gnature r	required when reast than	DATE
12. TITLE		AND DIRECTORS DELETE	13.		FFICERS AND DIRECTORS IN 12
NAME	CHILTON, GENE		1 2 NAME	Au	Change Addition
STREET ADDRESS CITY+ST-ZIP	4003 RIVERVIEW BLVD BRADENTON FL 34209		1.3 STREET ADDRESS 1.4 City - ST-ZIP	8181 Cotomber	33201 RINT 7
TITLE NAME		DELETE	2 I TITLE		Change Addition
STREET ADDRESS			2 2 NAME 2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2 4 CHY - ST - ZIP 3 1 TiTLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS CITY-ST-ZIP			33 STREET ADDRESS 34 CITY-ST-ZIP		
TITLE		DELETE	4 1 TIFLE		Change Addition
NAME STREET ADDRESS			4 2 NAME 4 3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY - ST - ZIP		
TITLE NAME		DELETE	5 1 TITLE 5 2 NAME		Change Addition
STREET ADDRESS			53 STREFT ADDRESS		
CITY-ST-ZIP			5 4 CITY - ST - ZIP		
TITLE NAME		T DETELE	6 1 TITLE 6 2 NAME	500001£ -07/01/960	Epses Addition
STREET ADDRESS			6 3 STREET ADDRESS	***225.00	1022034
CITY-ST-ZIP  14. I do hereb	by certify that the information suppl	ed with this tiling is wluntarily furnis	640ity-St-ziP shed and does not o	rualify for the exemption stated in Social	on 119 07(3)/k). Florida Statutos I
further certify that the information indicated on this annual eport of 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 threstor of the conforation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, for only a stachment with an address					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					