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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 24 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9500002198 (6)

HI-FI RACING, INC.

TISTI (MONIG	1110				
Principal Place of Busi	ness	Mailing Address			I BENK DONG KOON KOOK NEUK IEUK ION ION
4302 E 10TH AVE UNIT 103		P.O. BOX 271536 TAMPA FL 33688-1536	P.O. BOX 271536 TAMPA FL 33688-1536		
TAMPA FL 33605		US			
US				3. Date Incorporated or Qualified 01/06/1995	3a. Date of Last Report 05/01/1996
2. Principal Place of E	Business	2a. Mailing Address		4. FEI Number	Applied For
Suile, Apt. #, etc		Suite, Apt. #, etc.		59-3285197	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation has liability for its corporation.	
24	25		30		Yes 🔀 No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
				SHBURN, GEORGE	R
TAMPA FL			82 Street Add	ress (P.O. Box Number is Not Acceptat 30 Z E 10 E AUE	ole)
			83	n+ 103	
	•		84 City		85 Zip Code
11 Pursuant to the or	overions of Spotions 607 (His	12 and 607 1598 Florida Stehute	s the shows named cor	ampa	FL 33605
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. Lam familiar with and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE C	and accept the original	elloris di, saccina doz. 0300, 1101	ida Statoles.	4/18/9	777
Stip aton			Registered Agent signature requi		DATE
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE D	URN, GEORGE R	☐ DELETE	11 TITLE	ען	• • •
	FENNSBURY DR.		12 NAME 13 STREET ADDRESS	302 E 10th Ave U	nit 103
	A FL 33624		14 CITY-ST-ZIP	2mon, FL 33605	,
THE		DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		·
CITY - ST - ZIP			2 4 CITY-ST-ZIP		
1IT _L E		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			32 NAME		·
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - \$1 - ZIP		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	*****	Change Addition
NAME		[] Detert	4.2 NAME		Em Sumiyo Em redition
STREET ADDRESS			4.3 STREET ADORESS		
City-\$1-ZiP			4.4 CITY-ST-ZIP		
TILE	······································	DELETE	5.1 TITLE	·····	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5.4 CITY-ST-ZIP		
THUE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
City-St-7iP	that the information events	nd with this filing door not evalid.	6.4 CITY-ST-ZIP	id in Section 119.07(2\0) Elevida Statuta	o Liurihar cartifu that the
Information indica	ted on this annual report or	supplemental appual report is tri	ue and accurate and tha	id in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega	al effect as if made under oath; that
I am an officer or director of the corporation or the receiver of trubbee 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:

CISCLE AT PHE CILICOLOGY R. ASHBURN 4(18/97 (813)241-0015