

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000003825

1. Corporation Name

Racing Options, Inc.

Principal Place of Business

13730 S. R. 84
Suite 196
Davie, FL 33325

Mailing Address

13730 S.R. 84
Suite 196
Davie, FL 33325

FILED

99 SEP 30 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1995

4. FEI Number

65-0556791

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

Judith A. Dolan, Esq.
9646 Pines Boulevard
Pembroke Pines, FL 33024

10. Name and Address of New Registered Agent

81 Name
Judith A. Dolan

82 Street Address (P.O. Box Number is Not Acceptable)
440 S.W. 113 Terrace

83

84 City
Pembroke Pines

FL

85 Zip Code
33025

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

Judith A. Dolan

Judith A. Dolan

8/26/99

(NOTE: Registered Agent signature required when reinstating)

12 OFFICERS AND DIRECTORS

12a. ☐ DELETE
TITLE PTD
NAME Timothy J. Mooney
STREET ADDRESS 13730 S.R. 84, Suite 196
CITY-STATE-ZIP Davie, FL 33325

12b. ☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

12c. ☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

12d. ☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

12e. ☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

12f. ☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

12g. ☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

12h. ☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
800003008198--0
-10/07/99--01022--006
****550.00 ****550.00

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Timothy J. Mooney

Timothy J. Mooney, President 8/26/99 (954) 472-1888

Date

Daytime Phone #

CR2E034 (11/98)

KE