## 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 CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P9500006302 (0)

FILED
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CHRIS ROSS RACING, INC.	,		SECRETARY OF STAT	EN ALMA ALMA ANN ANN ANN ANN AN
Principal Place of Business Malling Address			T FERREDOL ING TRIAL COURT CONTA	
400 RIDGEWOOD CIR DESTIN FL 32541	400 RIDGEWOOD CIR DESTIN FL 32541			
			3. Date Incorporated or Qual fied 01/20/1995	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For Not Applicable
Suite, Apt. #, etc.	Suite Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional
City & State	City & State			Fee Required
23	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25	Z(p)	Country 30	8. This corporation has Fability for Inta	angible tax under s. 199 032 Yes
9. Name and Address of Cu		30	10. Name and Address of New Regis	
POSS, CHRIS		81 Name		
400 RIDGEWOOD CIR		82 Street Add	32 Street Address (P.O. Box Number is Not Acceptable)	
DESTIN FL 32541				
•		83		
•		4 City		85 Zip Code
11. Pursuant to the provisions of Sections 607	.0502 and 607.1508. Florida Statute	s, the	poration submits this statement for the purp	ose of changing its registered
<ul> <li>office or registered agent, or both, in the Sagent Tam familiar with, and accept the or</li> </ul>	State of Florida. Such change was ac	ithoriz	ion's board of directors. Thereby accept the	e appointment as registered
SIGNATURE		3.		
Signature, type for profestivene of registers		Begiste gent signature requ	real when re-netativy)	D4'E
	S AND DIRECTORS DELETE	13	ADDITIONS/CHANGES TO OFFICER	
NAME ROSS, CHRIS	[ ] Deterie	1 1 1 1 1 LIE		O 1 5 Change   Antiki on
STREET ADDRESS 400 RIDGEWOOD CIR		1.3 SEEFT ADDRESS	-08/27/96	501098012 00 ****225.00
CITY-ST-ZIP DESTIN FL 32541		1.4 CTY - ST - ZIP	****225。	00 ****225.00
TITLE	DELETE	21 T : E		Change Addition
NAME		22 N ME		
STREET ADDRESS		23 STREET ADDRESS		
CITY - ST - ZIP		2 4 CITY ST ZIP		
TITLE	DELETE	3 1 TITLE		Change Addition
NAME		3 2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
CITY - ST - ZIP		34 C-TY - ST - ZIP		
TITLE	DELETE	41 Ti*LE		Change Addition
NAME		4 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY+ST-ZIP TITLE	DELETE	4 4 City - ST ZIP 5 1 Tr LE		Change Addition
NAME	L.J. Otter	5 2 NAME		Ondright Zataithin
STREET ADDRESS		5 3 STREET ADDRESS	UN UL)	
CITY-ST-ZIP		5 4 CFY - ST - ZIP	Vitymy	
TITLE	DELETE	61 THILE	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Change Addition
NAME		6.2 NAME	$\mathcal{S}_{\mathcal{L}}$	
STREET ADDRESS		6 3 STHEET ADDRESS		
CiTY - ST - ZIP		6.4 CI*Y - ST - ZIP		
14. I do hereby certify that the information sup	iplied with this filing is voluntarily fur		lify for the exemption stated in Section 119	07(3)(k) Florida Statutes T

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes: I furnished 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. If an an officer of one close of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Bioch 12 or 100 of the corporation of the corporation of the corporation of the statutes.

SIGNATURE:

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Eksythie Philipe #