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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000017603 (8)

FILED
Feb 24 1998 8:00am
Secretary of State

MOTORSPORT, INC.				
Principal Place of Business	Mailing Address		I IBAKABL IIA IBIBI AINK BALLI BANII AAN	ni marati isalis namin minii marah soni 1891
930 CARTER ROAD	930 CARTER ROAD			
SUITE 202 WINTER GARDEN FL 34787	SUITE 202 WINTER GARDEN FL 347	27	DO NOT WRITE	IN THIS SPACE
WHITEN CHINDEN FE 54707	WINTER GARDEN FE 347	01	3. Date Incorporated or Qualified	IIV IIIIS SI ACL
			03/02/1995	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3303999	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	1 Zip	Country	8. This corporation owes or has par	
24 25 25 9. Name and Address of Curr	29	30	Personal Property Tax due June  10. Name and Address of New Res	
DIETRICK, MICHAEL	eur Heðisreren Mönur	81 Name	10. Name and Address of New Ac	gistered Agent
930 CARTER ROAD				
SUITE 202		82 Street Add	dress (P.O. Box Number is Not Acceptab	le)
WINTER GARDEN FL 34787		63		
THE STATE OF THE S				
•		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0	502 and 607.1508, Florida Statut	es, the above-named cor	poration submits this statement for the p	urnose of changing its registered
office or registered agent, or both, in the Sia agent. I am familiar with, and accept the obt	ite of Flurida. Such change was r igations of, Section 607.0505, Flo	authorized by the corpora orida Statutes.	ation's board of directors. I hereby accep	It the appointment as registered
	<b>3</b>			
SIGNATURE				1
SIGNATURE Signature, typod or printed risme of registered a		£ : Registered Agent signature requ	ukod when reinstating)	DATE
Signature, typod or printed name of registered a  OFFICERS A	NO DIRECTORS	13.		DATE ERS AND DIRECTORS IN 12
12. OF FICE RS A		13. 1.1 TIFLE	ukod when reinstating)	DATE
12. OF FIGURE A  TITLE DIETRICK, MICHAEL J.  DIETRICK DIE	NO DIRECTORS	13. 1.1 TITLE 1.2 NAME	ukod when reinstating)	DATE ERS AND DIRECTORS IN 12
12. OF FIGURE A  TITLE NAME STREET ADDRESS SIGNATURE SPECIAL S	NO DIRECTORS	13. 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS	ukod when reinstating)	DATE ERS AND DIRECTORS IN 12
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14. I hereby certify that the information supplied with this filling 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:

MICHAEL N DIFTRICK

407-877-7579