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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Apr 29 1997 8:00am

Secretary of State

407/889-4665

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000029741 (2)

appears in Block 12 or Block 13 if changed, or on an attachment with an address

Anderson

SIGNATURE:

ANDERSON BROTHERS RACING ENTERPRISES, INC.

Principal Place of Business Mailing Address 2106 STILLWATER AVE 2106 STILLWATER AVE APOPKA FL 32703 APOPKA FL 32703-9003 3a. Date of Last Report 3. Date Incorporated or Qualified 04/10/1995 04/01/1996 2. Francipal Place of Business 2s. Mailing Address Applied For FEI Number 59-3325297 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Žio Country Zio Country 8. This corporation has liability for intengible tax under s. 199.032, Yes 🔲 No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name ANDERSON, FRANK L 4426 BLUE SKY LANE Street Address (P.O. Box Number is Not Acceptable) POINCIANA FL 34746 83 84 Zip Code 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. 5 gristore, type-for point diname of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6)12. 13. DELETE Change Addition 11116 1.1 TITLE NAVE ANDERSON, FRANK L 1.2 NAME 4426 BLUE SKY LANE 1.3 STREET ADDRESS STREET ADDRESS **POINCIANA FL 34746** 1.4 CITY-ST-ZIP DELETE Change Addition THILE 2.1 TITLE ANDERSON, JOHN V 2106 STILLWATER AVE STREET AUDRESS 2.3 STREET ADDRESS APOPKA FL 32703 2.4 CITY-ST-ZIP CITY-SE-ZIF DELETE Addition 3.1 TITLE Change THE KIMMERLING, MARY D NAME 3.2 NAME 326 MEADOW SWEET CT STREET ADORESS 3.3 STREET ADDRESS **OCOEE FL 34761** 3.4. CITY - ST-ZIP City-SI-ZP DELETE Change Addition THUE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHTY - \$1 - 7P 4.4 Offy - ST - ZIP Addition DELETE Change 5.1 TITLE THE NAME 5.2 NAME STREET ADJUSTESS 5.3 STREET ADDRESS City-St-ZiP 5.4 CITY-ST-ZIP DELETE Change ___ Addition TIME 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ACCRESS City+ST-7/P 64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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