SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUST DUE ON OR BEFGRE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham FILED **ANNUAL REPORT** Secretary of State 97 SEP -8 PM 12: 42 DIVISION OF CORPORATIONS 1997 DOCUMENT # P95000046223 (0) SECRETARY OF STATE TALLAHASSEE, FLORIDA **HUMAN RACE MANAGEMENT, INC.** Principal Place of Business Mailing Address 5201 RAVENSWOOD ROAD 5201 RAVENSWOOD ROAD SUITE 113 SUITE 113 FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 06/14/1995 01/27/1997 2. Principal Place of Business 2a. Mailing Address Applied For 26 NOT APPLICABLE Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. П 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 26 Trust Fund Contribution Added to Fees Zip Country Zin Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WHITEHEAD, P.A., JOSEPH F 5201 RAVENSWOOD ROAD 82 Street Address (P.O. Box Number is Not Acceptable) #111 **в**3 FT. LAUDERDALE FL 33312 84 City 85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTF: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1 1 TITLE Change WHITEHEAD, JOSEPH F NAME 1.2 NAME 5201 RAVENSWOOD RD. #111 STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 33312 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELFTE Change Addition TITLE 2.1 TH LE **₩IAME** 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS M.TY-ST-ZIP 2 4 CHY-ST-7IP DELETE Change Acdition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change ■ Addition TITLE 4.1 TITLE 300002288973----09/10/97--01040--019 NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS ****165.00 ****165.00 CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CiTY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - S1 - ZIP 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Saddes. I further certify that the

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 trustice empowered to execute this report as required by Chapter 607, Florita Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.