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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000049086 (8)

FLYER F	RACING INCORPORATED					
Principal Place	e of Business	Mailing Address				
4200 N FEDERAL HWY 4200 N FE		4200 N FEDERAL HWY LIGHTHOUSE POINT FL 330	6 <b>4-604</b> 9			
				Date Incorporated or Qualified     06/22/1995	3a. Date of Last Report 05/01/1996	
2. Principal P	lace of Business	2a. Mailing Address		4, FEI Number	Applied For	
21	D	26	· <u></u>	65-0607510	Not Applicable	
Sulte, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	θ	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zıp	Country	8. This corporation has liability for i		
24	· 25		0	Florida Statutes	Yes □ No	
11	g, Name and Address of Current	Registered Agent		10. Name and Address of New Reg	gistered Agent	
WELLS, DAVID E 81 Name JAMES HORN						
1221 BRICKELL AVE			82 Street Addr	Street Address (P.O. Box Number is Not Acceptable) 4200 N. FERNL HWY.		
MIAN	VII FL 33131		83 <u>130</u>	O NIFEDERAL HO	у	
•			°°  L16	HTHOUSE PT.		
:			84 City		FL 85 740 Code 4	
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 unity 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, typod or printer (an analysis) Augiliared agent and the fill applicable. (NOTE: Registured Agent signature require					4/28/97	
12.		DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE	7,557,610,617,11026 10 0,116	Change Addition	
NAME	HORN, JAMES		1.2 NAME			
STREET ADDRESS	4200 N FEDERAL HWY		1.3 STREET ADDRESS			
CFTY-ST-ZIP	LIGHTHOUSE POINT FL 33064		1.4 CITY+ST+ZIP			
TITLE		☐ DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP		T percie	2 4 CITY-ST-ZIP			
TITLE		☐ DELETE	31 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			33 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3 4. CITY-S1-ZIP 4.1 TITLE		Change Addition	
NAME			4. P. NAME		ondigo [ realiter	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - S1 - ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADORESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TALE		DELETE	6.1 TITLE		Change Addition	
NAME		•	6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-SY-ZIP	and the About the before the	The Allie Police of the Control of t	6.4 CITY - ST - ZIP			
informatio	n indicated on this annual report or su	ipplemental annual report is tru	e and accurate and that	in Section 119.07(3)(i), Florida Statutes my signature shall have the same legal t as required by Chapter 607, Florida St	effect as if made under oath; that I	

**FILED** 

May 05 1997 8:00am

Secretary of State