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 #

P95000050194 (6)

FULLY INVOLVED RACING, INC.

Principal Place of Business 2000 S. OCEAN BLVD SUITE 14C POMPANO BEACH FL 33062					Mailing Address 2000 S. OCEAN BLVD SUITE 14C POMPANO BEACH FL 33062					DO NOT WRITE IN THIS SPACE		
US					US					3. Date Incorporated or Qualified 06/26/1995		
2. Principal Place of Business 21				2a. 26	2a. Mailing Address					4. FEI Number Applied For 65-0470814 Not Applicable		
Suite, Apt. #, etc.					Suite, Apt. #, etc.					5 Certificate of Status Desired \$8.75 Additional		
22 City & State				27	City & State					Fee Hequired		
23					В					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 24	Zip Country				Zip Coun			•		This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
24 25 25 25 Name and Address of Current				29 egist						Personal Property Tax due June 30. Yes X No 10. Name and Address of New Registered Agent		
	SORRENTING	D, JOSEPH	V SR.					1	Name			
2000 S. OCEAN BLVD								-	Street Addres	Address (P.O. Box Number is Not Acceptable)		
SUITE 14C POMPANO BEACH FL 33062								-				
TOMINIO DENOTITE 33302			,000 <u>L</u>				84	(City	85 Zip Code		
									•	FL 1		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the p office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accepagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered			
SIGNATURE Signature, typed or prested have of registered agent and title if applicable (NOTE: Registered Agent signature required wh									of when reinstating) DATE			
12. OFFICERS AND I								anı s	s-gnature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P		102/10/11/02	iii ie e	DELETE		1 TITLE			Change Addition		
NAME		entino, jo				13	2 NAME					
STREET ADDRESS 2000 S. OCEAN DR., SUITE POMPANO BEACH FL 3306				4C	135			AD	DRESS			
CITY-ST-ZIP	POMPA	INO BEAC	H FL 33062		Delete		4 CITY - S	T- Z	7IP			
TITLE					☐ DELET e		1 TITLE			L.] Change L.] Addition		
NAME							2 NAME		.nncoo			
STREET ADDRESS								2.3 STREET ADDRESS 2. 4 City - St - Zip				
CITY-ST-ZIP	 				DELETE		3.1 TITLE		ZIP	Change Addition		
NAME						1	2 NAME					
STREET ADDRESS							3 STREE1	ADI	DHESS			
CITY-ST-ZIP					3.4. 0			31 - 7	ZIP			
TITLE					DELETE	. 4.	1 TITLE			Change Addition		
NAME						4.	2 NAME					
STREET ADDRESS						4.3	3 STREET	ADI	DRESS			
CITY-ST-ZIP						4.4	4 CITY-S	T - Z	?IP			
TITLE					☐ DELET E	DELETE 5.1 TITLE				Change Addition		
NAME						5.3	2 NAME		-			
STREET ADDRESS						5.3	3 STREET	ADI	DRESS			
CITY-ST-ZIP						5.4	4 CITY - S	1 - Z	(IP			
TITLE					DELETE	6.1	1 DILE			Change Addition		
NAME						6.5	2 NAME					
STREET ADDRESS						6.3	3 STREET	ADI	DRESS			
CITY-ST-ZIP						6.4	4 CITY - S	T - Z	nP			

14. I hereby certify that the information supplied with this filing 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.

FILED

Feb 16 1998 8:00am

Secretary of State

A DECISION DIA PONCE CONTRACTOR C