

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90021 009 \*\*\*150.00

**DOCUMENT # P95000052349**

1. Corporation Name

**ACCLAIM MOTORSPORTS, INC.**



Principal Place of Business

**4712 N LOIS AVE  
TAMPA FL 33614**

Mailing Address

**4712 N LOIS AVE  
TAMPA FL 33614**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/03/1995**

2. Principal Place of Business

2a. Mailing Address

**21**

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23**

**28**

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

4. FEI Number

**59-3324107**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**ALVAREZ, ANDRES JR  
4606 N MATANZAS  
TAMPA FL 33614**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPT** ☒ DELETE  
NAME **ALVAREZ, ANDRES JR**  
STREET ADDRESS **4606 N MATANZAS**  
CITY-ST-ZIP **TAMPA FL 33614**

TITLE **DV** ☒ DELETE  
NAME **ALVAREZ, ANDRES H SR**  
STREET ADDRESS **4606 N MATANZAS**  
CITY-ST-ZIP **TAMPA FL 33614**

TITLE **DS** ☒ DELETE  
NAME **ALVAREZ, INES**  
STREET ADDRESS **4606 N MATANZAS**  
CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☐ Change ☐ Addition  
1.2 NAME **Scott Quinn**  
1.3 STREET ADDRESS **2503 Sunset Dr**  
1.4 CITY-ST-ZIP **Tampa FL 33629**

2.1 TITLE **Vice President** ☐ Change ☐ Addition  
2.2 NAME **"**  
2.3 STREET ADDRESS **"**  
2.4 CITY-ST-ZIP **"**

3.1 TITLE **DS** ☐ Change ☐ Addition  
3.2 NAME **"**  
3.3 STREET ADDRESS **"**  
3.4 CITY-ST-ZIP **"**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

**Scott Quinn**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/06/99 (813) 873-7447**  
Date Daytime Phone #

CR2E034 (11/98)