## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

' DIVISION OF CORPORATIONS

1996

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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P95000072506 (5) DOCUMENT # 1. Corporation Name

Country

HURRICANE RACING, INC.		
Principal Place of Business	Mailing Address	
19992 SW 280 STREET HOMESTEAD FL 33031	19992 SW 280 STREET HOMESTEAD FL 33031	

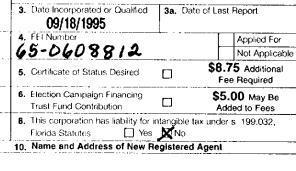
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2a. Mailing Address

City & State

Suite, Apt. #, etc.



24 25 29 30 9. Name and Address of Current Registered Agent 81 Name SYTSMA, THOMAS D SR 82 Street Address (P.O. Box Number is Not Acceptable) 19992 SW 280 STREET HOMESTEAD FL 33031 83 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signal ine required when remediating)

Country

4.0	OFFICE DE ALIE DIES			
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1 1 111146	☐ Change ☐ Addition
NAME	sytsma, thomas d SR		1.2 NAM(	
STREET ADDRESS	19992 SW 280 STREET		13 STREET ADDRESS	
CITY-S1-ZIP	HOMESTEAD FL 33031		1.4.0ITY-S?-ZIP	
TIBLE		DELETE	2 1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STHEET ADDRESS	
CITY - ST - ZIP			2.4 CITY - ST- ZIP	
TITLE		☐ DELETE	3. 1 TiTLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	•
CITY-ST-ZIP			3 4 CITY - \$1 - ZIP	
TITLE		☐ DELETE	4 1 TITLE	[][][][][]]
NAME			4.2 NAME	-03/19/9601075010
STREET ADDRESS			4.3 STREET ADDRESS	***200.00
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TITLE		☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP			5 4 CITY - \$1 - ZIF	
TITLE		DELETE	6 1 TITLE	Crange Addition
NAME			6.2 NAME	<b>\_</b>
STREET ADDRESS			6.3 STREET ADDRESS	75
CITY-ST-ZIP			6.4 CITY - \$1 - 712	3-19

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

2-1-96 305-247-2274