

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

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000075162 (4)
 1. Corporation Name
RACE ROCK OF ORLANDO, INC.

FILED
 97 JUL 24 AM 10:31
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA


Principal Place of Business 8986 INTERNATIONAL DRIVE ORLANDO FL 32819	Mailing Address 8986 INTERNATIONAL DRIVE ORLANDO FL 32819-9321
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/28/1995	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3336643	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name
Corporation Service Company

82 Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

83

84 City
Tallahassee **FL** 85 Zip Code
32301

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 *David Shelly* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MOORE, ROBERT B 501 NORTH BROADWAY ST LOUIS MO	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NEWMAN, ANDREW E 501 NORTH BROADWAY ST LOUIS MO	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	8000 Maryland Ave., Suite 375
1.4 CITY-ST-ZIP	St. Louis, MO 63105-3752
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CEO, Treas. & Director
2.3 STREET ADDRESS	8000 Maryland Ave., Suite 375
2.4 CITY-ST-ZIP	St. Louis, MO 63105-3752
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	300002246393--6
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE *David Shelly* **6/30/97**

CR2E034 (9/96)

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ACCOUNT NO. : 072100000032
 REFERENCE : 472071 5017647
 AUTHORIZATION : *Patricia Pruitt*
 COST LIMIT : ~~\$ 500.00~~ \$ 550.00

ORDER DATE : July 23, 1997
 ORDER TIME : 9:35 AM
 ORDER NO. : 472071-005
 CUSTOMER NO: 5017647
 CUSTOMER: Connie Walsh, Legal Assistant
 Bryan Cave LLP
 One Metropolitan Square
 211 North Broadway
 St. Louis, MO 63102-2750

CHANGE OF AGENT

NAME: RACE ROCK OF ORLANDO, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Daniel W Leggett

97 JUL 25 11:17 AM
 RECEIVED
 97 JUL 24 11:50 AM
 RECEIVED