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 # P95000076577 (2)

SPEEDSPORT, INC.

FILED
Apr 16 1998 8:00am
Secretary of State

or ELDOI OIII) IIIO.					
Principal Place of Business	Mailing Address			4 HADIIDAN IID TATAL ABINI	ION ANNA KOEM NOON HOOM
2901 S. SKYLINE ORIVE INVERNESS FL 34450	2901 S. SKYLINE DRIVE INVERNESS FL 34450			DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 10/03/1995	
2. Principal Place of Business	2a. Mailing Address	¬		4. FEI Number 59-334 1594	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27	Suite, Apt. #, etc.			\$8.75 Additional Fee Required
City & State	City & State	\$ State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country		30		This corporation owes or has paid the current Personal Property Tax due June 30.	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
KAPLAN, GEORGE H O.D.		61	Name		
2901 S. SKYLINE DRIVE INVERNESS FL 34450		82	Street	Street Address (P.O. Box Number is Not Acceptable)	
		83			
		84	"	FL	85 Zip Code
office or registered agent, or both, in I	607.0502 and 607.1508, Florida Statutes the State of Florida. Such change was aut the obligations of, Section 607.0505, Flori	thorized b	v the co	d corporation submits this statement for the purpose of chrocration's board of directors. I hereby accept the appoin	anging its registered tment as registered

(NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE KAPLAN, GEORGE H O.D. NAME 1.2 NAME 2901 S. SKYLINE DRIVE STREET ADDRESS 1.3 STREET ADDRESS **INVERNESS FL 34450** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ■ Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-\$1-2IP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP

14. Thereby certify that the information supplied with this filips 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 reporter 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 receipt of trusted 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 attention with an address.

RECOUNTER

SIGNATURE:

CR2E034 (10

252 705 222