

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

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000087139 (8)**

1. Corporation Name
RFS RACING, INC.



Principal Place of Business 3816 LINEBAUGH AVE SUITE 402 TAMPA FL 33624	Mailing Address 3816 LINEBAUGH AVE SUITE 402 TAMPA FL 33624-4800
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3. Date Incorporated or Qualified 11/13/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0636037	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 5403 SOUTHERN COMFORT BLVD Suite, Apt. #, etc. 22 SUITE D City & State 23 TAMPA FL Zip 24 33634	2a. Mailing Address 26 5403 SOUTHERN COMFORT BLVD Suite, Apt. #, etc. 27 SUITE D City & State 28 TAMPA FL Zip 29 33634 Country 25 U.S. 30 U.S.
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9. Name and Address of Current Registered Agent

**BARNETT, SCOTT F
401 E JACKSON ST
SUITE 2400
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name SCOTT F BARNETT	85 Zip Code 33606
82 Street Address (P.O. Box Number is Not Acceptable) 238 EAST DAVIS BLVD	
83 SUITE 205	
84 City TAMPA	FL

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE



SCOTT F. BARNETT, J.D., U.M. 3/12/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE Change	<input type="checkbox"/> Addition
NAME FEST, CHARLES W JR		1.2 NAME	
STREET ADDRESS 3816 LINEBAUGH AVE SUITE 402		1.3 STREET ADDRESS 16617 VALLEY DRIVE	
CITY- ST- ZIP TAMPA FL 33624		1.4 CITY- ST- ZIP TAMPA FL 33618	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/18/97 (813) 886-5597

Date

Daytime Phone #

CR2E034 (9/96)