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

PROFIT CCRPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kather ne Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90023 029 ***150.00

DOCUMENT # P95000091380 1. Corporat on Name

BLACK TIP RACING, INC.

				····						
Principal Place of Business		Mailing Address								
4329 ENTERFRISE AVE		4329 ENTERPRISE AVE								
NAPLES FL (4104		NAPLES FL 34104 US			DO NOT WRITE IN THIS SPACE					
US		03			3. Date Incorporated or Qualifed					
						11/29	,			}
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Nu			Apı	pied For
21		26				65-06	28812		Not	t Applicable
Suite, Art.	#. etc.	Suite, Apt. #, etc.							\$8.75 A	c ditional
22		27			5. Certifica	te of Status Desired		Fee Re	q Jired	
City & State	e	City & State	City & State			6. Election	Campaign Financing		\$5.00	N'ay Be
23		28				Trust F	and Contribution	'	Added to	o Fees
Zip	Country	Zip	Country			8. This corporation owes the current year Intangible				
24	25	25 29 30					Person al Property Tax. Yes []No			[]No
	9. Name and Address of Currer	t Registered Agent				10. Name	ind Address of New	Registere	J Agent	
	.D., DENNIS S		'	81	Name					
		ļ.	82	Street Ad	iress (P.O. Box	Number is Not Accep	table)			
	S N TAMIAMI TRAIL SUITE 301			\perp						
NAP	LES FL 34103		Į:	83						
			l.	84	City				85 Zip C	c de
					•			F		
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	utnorizea	DV II	named con he corporati	poration submit ion's board of d	s this statement for the rectors. I hereby acc	ept the app	of changing its olintment as reg	riigistered gistered
SIGNATURIE	Signature, typed or printed nan e of registered age	at and title if continued to the OTO	· Degistered A	Zani :	signature requir	red when reinstating)		DATE		
12.		IC DIRECTORS	13.	-	aignature requi		NS/CHANGES TO C		AND DIRECTO	FS IN 12
TITLE	D	☐ DELETE	1 1 TITL	.E					Change	Addition
NAME	CAMPBELL, ANDREW J		1.2 NAME							
STREET ADDRESS	4329 ENTERPRISE AVE		1.3 ST		ADDRESS				47	
CITY-ST-ZIP	NAPLES FL-33942		1.4 CITY-ST-ZIP						ゴ 4	404
TITLE				2.1 TITLE					☐ Change	Addition
NAME			2.2 NAM	νE						
STREET ADDRESS					ADDRESS					
	•		2. 4 CIT							
CITY-ST-ZIP TITLE		☐ DELETE	31 TITL						Change	Addition
NAME			3 2 NAM	иE						
STREET ADDRESS			33 STR	REET A	ADDRESS					
CITY-ST-ZIP			34 CIT	Y-ST	-ZIP					
TITLE		☐ DELETE	4.1 TITL						Change	Addition
NAME			4. 2 NA	ME						
STREET ADDRESS			4.3 STR	REET A	ADDRESS					
CITY-ST-ZIP			4.4 CIT		i					
TITLE		☐ DELETE	5.1 TITL						☐ Change	Addition
NAME			5.2 NAM	ME						
STREET ADDRESS			5.3 STR	REET #	ADDRESS					

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 corporat or or the receivagor 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 attach tient with an address, with a lighter like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Addition

Change