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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000095390 (7)

MICKYARD RACING, INC.

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Principal Place of Business	1
710 EAST COLOMAL DR.	7
SUITE 101 ORLANDO FL 32803	8
I UMDANIJO PL SZRUJ	U

Mailing Address

FILED May 13 1997 8:00am Secretary of State



710 EAST COLOMAL DR. SUITE 101	710 EAST COLONIAL DR. SUITE 101			
ORLANDO FL 32803	ORLANDO FL 32803-4641		3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		12/18/1995 4. FEI Number	07/26/1996
21 1807 Maplewood Drive	26 P.D. BOX1126	•	59-3351889	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			— \$9.75 Additional
City & State	27		5. Certificate of Status Desired	Fee Required
23 Orlando, MORIBIT	ACIVIT 28 CYTONAW, PLOKIVIT Trust Fund Contribution Added		\$5.00 May Be Added to Fees	
24 52003 25 USA				
9. Name and Address of Current R	9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent			
FUSSELL, DAVID D. B1 Name				
1807 MAPLEWOOD DR. B2 Street Address (P.		ess (P.O. Box Number is Not Acceptable	9)	
ORLANDO FL 32803		83		
<u></u>		84 City		FL 85 Zip Code
11 Pursuant to the provisions of Sections 607.0502 at	nd 607.1508, Florida Statutes, the	above-named corp	poration submits this statement for the pu	rpose of changing its registered
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 horoby accept the appointment as registered agent. I am humbar with, and accept the obligations of Section 607.0505, Florida Statutes.				
SIGNATURE DULLETIA	12	tinatos.	4-28.	97
Signature, typod or printed name or registered agent an	ditile if applicable. (NOTE Registr	ored Agent signature requir	ed when reinstating)	DATE
12. OFFICERS AND D		3.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE D/P	DELETE 1.1	TITLE		Change Addition
NAME FUSSELL, DAVID D	1.2	NAME		3
STREET ADDRESS 1807 MAPLEWOOD DRIVE	1.3	STREET ADDRESS		}
CITY-ST-ZIP ORLANDO FL 32803		CITY-ST-ZIP		
TITLE	☐ DELETE 2.1	TITLE		☐ Change ☐ Addition €
NAME	2.2	? NAME		
STREET ADDRESS	23	STREET ADDRESS		
CFTY-ST-ZIP		4 CITY-S1-ZIP		
TITLE	□ DELETE 3.1	TITLE		☐ Change ☐ Addition
NAME	3.2	NAME		
STREET ADDRESS	3.3	STREET ADDRESS		
CITY-ST-ZIP		I. DITY-ST-ZIP		
TITLE	☐ DELETE 4.1	TITLE		Change Addition
NAME		2 NAME		
STREET ADDRESS	4.3	STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-7IP		
TITLE		TITLE		Change Addition
NAME		NAME		
STREET ADDRESS	*	STREET ADDRESS		
City-SI-ZIP		CITY-ST-ZIP		D Others
TITLE		TITLE		☐ Change ☐ Addition
NAME		NAME		1
STREET ADDRESS		STREE1 ADDRESS		
14. I do hereby certify that the information supplied wi	th this filling does not qualify for the	CITY-\$1-7IP	Lin Soction 119 07/9//ii Elorida Statidas	Lituribus partify that the

coupplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that on the received or trustee empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name, or man ettachment with an actings.