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 # P95000096280 (9)

D H RACING, INC.

Dinamal Diam	of Queinous	Molling Address					
Principal Place of Business 1100 CARRIE LANE KISSIMMEE FL 34741		Mailing Address 1100 CARRIE LANE KISSIMMEE FL 34741-673	<u></u>		3. Date Incorporated or Qualified 12/18/1995 3a. Date of Last Report 04/29/1996		
				ģ			
	lace of Business	2a. Mailing Address		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4. FEI Number	I	Applied For
21		26			59-3350341		Not Applicable
Suite, Apt.		Suite, Apt #, etc			5. Certificate of Status Desired		Additional Required
City & State	¢ .	City & State			6. Election Campaign Financing		May Be
23	Country	28	Country		Trust Fund Contribution		d to Fees
Zip 24	25	29	30	•	8. This corporation has liability for i	ntangible tax under∶] Yes □ No	s. 199.032,
[4]	9. Name and Address of Curre		130		10. Name and Address of New Re		
WRI	GHT, JEFFREY T		81	Name		<u> </u>	
	CARRIE LANE		00	Ctront Andri	CO Down to Not Accorded	1-1	
	SIMMEE FL 34741		82	Street Addi	ress (P.O. Box Number is Not Acceptab	ie)	
			83				
			84	City		85 Zip	o Code
				L	poration submits this statement for the p	FL "	
agent I a SIGNATURE	im familiar with, and accept the obli- Signature type the printed name of register at a	gations of, Section 607,0505, F	Torida Statute	S.	tion's board of directors. I hereby acceptions board of directors. I hereby acceptions acception and the second acception and the second acceptance of the second acceptanc	DATE	
TITLE	D	DELETE	1.1 TITLE		Acciniona/orbital	Change	
NAME	WRIGHT, JEFFREY T	-	1.2 NAME			_ •	*****
STREET ADDRESS	1100 CARRIE LANE			T ADDRESS			
CITY - ST - ZIP	KISSIMMEE FL 34741		1.4 CITY - 1				
TITLE	D	DELETE	2 1 TITLE			Change	Addition
NAME	WRIGHT, DARCY W		2 2 NAME.				
STREE1 ADDRESS	1410 S HOAGLAND BLVD LO	OT 21	2 3 STREET	T ADDRESS		$p = \frac{p}{2}$	
CITY-ST-ZIP	KISSIMMEE FL 34741		2 4 CITY-	ST-ZIP			
TITLE	D ACTOON IFFEDEN A	OELE TE	3 1 TITLE			Change	Addition
NAME	METOSH, JEFFREY A 433 HOMER AVE		3.2 NAME				
STREET ADDRESS	LONGWOOD FL 32750			T ADDRESS			
CITY-ST-ZIP TITLE	LONGHOOD I L DEIDO	DELETE	34 CITY- 41 TITLE	S!-ZIP		☐ Change	Addition
NAME		<u> </u>	4 2 NAME			onange	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY - 1	i			
TITLE		DELETE	5 1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS		•	5 3 STREE	T ADDRESS			
CHTY - ST - ZIP			5.4 CITY-	ST- ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6 2 NAME	Ì			
STREET ADDRESS				T ADDRESS			
CITY-SI-ZIP			6.4 CITY -				
informatic	on indicated on this annual report of	r supplemental annual report is	true and acc	urate and tha	id in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega ort as required by Chapter 607, Florida S	d effect as if made u	inder oath: tha

SIGNATURE:

MATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/97 (407)856-0604

FILED

Jan 14 1997 8:00am

Secretary of State