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P96000009702 (7)

PROFIT CORPORATION ANNUAL REPORT

1998

DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division of Corporations

FILED Feb 24 1998 8:00am Secretary of State

M & M	I MOTORSPORTS, INC.				
Principal Plac	e of Business	Mailing Address		- 1 10011004 Ifa (0146 01111 00111 00111	(i Abit) anıın ıgırı 166ft belia tıbı 1681
1890 HERCULES AVE 2970 CIELO CIR N					
SUITE A CLEARWATER FL 34619					
CLEARWATER FL 34625 US				DO NOT WRITE IN THIS SPACE	
US				3. Date Incorporated or Qualified	l
				01/29/1996	
	Place of Business	2a, Mailing Address		4. FEI Number	Applied For
		26		59-3367061	Not Applicable
		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
27 City & State City & Cit		City & State		Ele II O marte Element	
23 28		1		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Z(p)	Country	8. This corporation owes or has pai	
24	25	29 3	-n ´	Personal Property Tax due June	
	g Name and Address of Curre		<u> </u>	10. Name and Address of New Reg	
MC	CCARTHY, DONALD R	· · · · · · · · · · · · · · · · · · ·	81 Name	SOMELD R. MCCI	ARTH 4
2241 A NURSERY RD					
CLEARWATER FL 34624				ess (P.O. Box Number is Not Acceptable CVELO CVR	_ໃ ນ 0
)	Ergilizate in the Grocer		B3		
			84 City	CLEBRUATER	FL 85 Zip Code 33759
11, Pursuant	to the provisions of Sections 607 050	02 and 607.1508, Florida Statutes	, the above-named corp	oration submits this statement for the p	urpose of changing its registered
office or i	registered agont, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was au jaliens of, Section 607,0505, Flori	thorized by the corporati da Statutes.	oration submits this statement for the pion's board of directors. I hereby accep	t the appointment as registered
SIGNATURE					
0.017.110112	Signature, typod or printed name of registered 89		Registered Agent signature require		DATE
12.	T	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	L DELETE	1 1 TITLE		Change Addition
NAME	MCCARTHY, DONALD R		1.2 NAME		
STREET ADDRESS	2970 CIELO CIRCLE N		1.3 STREET ADDRESS		Ţ
CITY-ST-ZIP	CLEARWATER FL 34619	T location	1.4 CITY - ST - ZIP		
TITLE	D ANDOLDER OF THE PART A	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCCARTHY, CHERYL A		2.2 NAME		· ;
STREET ADDRESS	2970 CIELO CIRCLE N		2.3 STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP	CLEARWATER FL 34619	DELETE	2. 4 CITY-ST-ZIP		Change Addition
TITLE		C Differe	3.1 THTLE		CT CHANGE CT MODELLON
NAME			3.2 NAME		ļ
STREET ADDRESS	\		3.3 STREET ADDRESS		ļ
CITY-ST-ZIP TITLE		DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition
			i I		C Change C Addition
NAME			4. 2 NAME		
STREET ADDRESS	1		4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 City-St-ZiP		Change Addition
TITLE	ĺ		5.1 TITLE		LI CHARGE LI MODILION
NAME			5.2 NAME		1
STREET ADDRESS	{		5.3 STREET ADDRESS		\
City-St-ZiP		DELETE	5.4 CITY - ST - ZIP		Change Addition
TITLE	İ	L I DECEME	6.1 TITLE		Criange AUXII(f0f)
NAME			6.2 NAME		·

14. Thereby 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 around 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:

Don Romicay

2-20-95

531-2345

CR2E034 (10/97)