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

**CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## POCUMENT # P96000011793 (2)

KENNY ANDERSON RACE CARS, INC.

| Principal Place of Business | Mailing Address          |
|-----------------------------|--------------------------|
| 8354 PALOMINO DRIVE         | 8354 PALOMINO DRIVE      |
| LAKE WORTH FL 33467         | LAKE WORTH FL 33467-1116 |

## **FILED** Apr 23 1997 8:00am Secretary of State



|   | o or boomicoo                           | Mailing Address                                 |   |  |  |                           |          |  |
|---|---|---|---|--|--|---------------------------|----------|--|
| B354 PALOMINO DRIVE<br>LAKE WORTH FL 33467          |   | 8354 PALOMINO DRIVE<br>LAKE WORTH FL 33467-1116 |   |  |  |                           |          |  |
|   |   |   |   | 3. Date Incorporated or Qualified 3a. Date of Last Report 02/07/1996 |  |                           |          |  |
| Principal Place of Business     2a. Mailing Address |   |   |   |  | 4. FEJ Number  | Applied                   | For      |  |
| 21 ABOV   | c ADOLESS                               | 26  |   |  | 650638213  | Not Apr                   | plicable |  |
| Suite, Apt.   | #, etc.                                 | Suite, Apt. #, etc.                             |   |  | -  | CO 75                     | ional    |  |
| 22  | - NOCHANGE                              | 27  |   |  | 5. Certificate of Status Desired   | Fee Require               | ad       |  |
| City & State  | e                                       | City & State                                    |   | ··   | 6. Election Campaign Financing   | \$5.00 May                | Be       |  |
| 23  |   | 28  |   |  | Trust Fund Contribution  | Added to Fe               |          |  |
| Zip   | Country Zip Country                     |   | This corporation has liability for intangible tax under s. 199.032, |  |  |                           |          |  |
| 24  | 25                                      | 29  | [30]  |  |  | Yes No                    |          |  |
|   | 9. Name and Address of Curren           | I Registered Agent                              |   | 41   | 10. Name and Address of New Re   | Istered Agent             |          |  |
|   | erson, Kenneth D                        |   | В   | 1 Name   | SAME   |                           |          |  |
|   | 4 PALOMINO DRIVE                        |   | В   | 2 Street A   | odress (P.O. Box Number is Not Acceptable)   |                           |          |  |
| LAK   | E WORTH FL 33467                        |   |   | <u> </u>   |  |                           |          |  |
|   |   |   | 8   | 3  |  |                           |          |  |
|   |   |   | В   | 4 City   |  | B5 Zip Code               | ,        |  |
|   |   |   |   | '  |  |                           |          |  |
| 11. Pursuant  | to the provisions of Sections 607.050   | 2 and 607.1508, Florida Stat                    | tutes, the abo  | ve-named i   | corporation submits this statement for the p<br>oration's board of directors. I hereby accep | rpose of changing its reg | jistered |  |
| agent. I a  | m familiar with, and account the obliga | ations of, Section 607.0505.                    | Florida Statut  | es.  | A  | tine appointment as regis | , icieu  |  |
| SIGNATURE   | Com Om                                  | um Lan  | END D   | ANDER!   | 9an PCES . 4   | -16-97                    |          |  |
|   |   |   |   | gent signature   | equired when reinstating)  | DATE                      |          |  |
| 12.   | OFFICERS AN                             | D DIRECTORS  DELETE                             | 13.   | <del>т</del>   | ADDITIONS/CHANGES TO OFFIC   |                           |          |  |
| TITLE   | PD                                      | L) DELETE                                       | 1.1 T/TLE   |  |  | Change                    | Addition |  |
| NAME  | ANDERSON, KENNETH D                     |   | 1.2 NAM   |  |  |                           |          |  |
| STREET ADDRESS                                      | 8354 PALOMINO DRIVE                     |   |   | E1 ADDRESS   |  |                           |          |  |
| CITY-ST-ZIP   | LAKE WORTH FL 33467                     | DULTE   | 1.4 CITY  |  |  |                           | (4.440)  |  |
| TITLE   |   | L'' DELETE                                      | 2.1 TITLE   |  |  | [] Change                 | Addition |  |
| NAME  |   |   | 2.2 NAMI  |  |  |                           | ļ        |  |
| STREET ADDRESS                                      |   |   |   | ET ADDRESS   |  |                           |          |  |
| CITY-ST-ZIP   |   | DELETE  | 2. 4 CITY   |  |  | Поь                       | A A ADD  |  |
| TITLE   |   | L' DELETE                                       | 3.1 TITLE   |  |  | Change                    | Addition |  |
| NAME  |   |   | 3.2 NAMI  |  |  |                           |          |  |
| STREET ADDRESS                                      |   |   |   | ET ADDRESS   |  |                           |          |  |
| CITY-ST-ZIP<br>TITLE                                |   | DELETE  | 3.4. CITY   |  | <del> </del>   | Change                    | Addition |  |
|   |   | L) DECEIC                                       | 4.1 TITLE   |  |  | L. Vilange L.             | ROUNIUII |  |
| NAME<br>ATORET ADORSOS                              |   |   | 4, 2 NAM  |  |  |                           |          |  |
| STREET ADDRESS                                      |   |   |   | F1 ADDRESS   |  |                           |          |  |
| CITY-ST-ZIP<br>TITLE                                |   | DELETE  | 4.4 CITY -  | 51-ZIF   | · <del>····································</del>  | ☐ Change ☐                | Addition |  |
| 1   |   | T OFFICIE                                       | 5.1 Till&   | . ]  |  | LE CHANGE L               | Addition |  |
| NAME<br>OTDEET ADDRESS                              |   |   | 5.2 NAME  | 1  |  |                           |          |  |
| STREET ADDRESS                                      |   |   |   | ET ADDRESS   |  |                           |          |  |
| CITY-ST-ZIP   |   | DECETE  | 5.4 CITY-   |  | · · · · · · · · · · · · · · · · · · ·  | Change                    | Addition |  |
| TITLE   |   | ☐ DELETE  | 6.1 TIBLE   |  |  | Change                    | AUURION  |  |
| NAME  |   |   | 6.2 NAMI  |  |  |                           | - 1      |  |
| STREET ADDRESS                                      |   |   |   | FT ADDRESS   |  |                           | 1        |  |
| CITY-ST-ZIP   |   |   | 6.4 CITY  | ST-7IP   |  |                           |          |  |

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 or on an attachment with an address.