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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000032375 (3)

CAVALIER MOTORSPORTS, INC.

FILED May 12 1998 8:00am Secretary of State

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Principal Place of Business		Mailing Address	Mailing Address		r (Bosinds life illind being baing baing game abus diene enve insee inter seabl din iden	
6608 PLOVER COURT SEFFNER FL 33584		6608 PLOVER COU	6608 PLOVER COURT			
		SEFFNER FL 33584			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					04/08/1996	
2. Principal P	Place of Business	2a. Mailing Addres	s		4. FEI Number	Applied For
21		26			59-3384190	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, et	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	- ⊢	ountry	This corporation owes or has paid	
24	25	29	30		Personal Property Tax due June 3	
	g. Name and Address of Cui	rrent Hegistered Agent		81 Name	10. Name and Address of New Reg	stered Agent
	NTLEY, NORMAN E			I Name		
6608 PLOVER CT				82 Street Ad	dress (P.O. Box Number is Not Acceptable))
SE	FFNER FL 33584			83		
				63		
				84 City		85 Zip Code
		+ · · · · · · · · · · · · · · · · ·				FL T
11, Pursuant	to the provisions of Sactions 607. registered agent, or both, in the St	0502 and 607.1508, Florida tate of Florida, Such chance	Statutes, the a	above-named co ed by the coroor	orporation submits this statement for the puration's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
agent. I s	im familiar with, and accept the of	bligations of, Section 607.05	05, Florida St	atutes.	ration's board of directors. I hereby accept	
SIGNATURE						
	Signature, typed or printed name of registerer	d agent and tille if applicable AND DIRECTORS			quired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE
12.	PM	DELE	13 IF 11	TITLE	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	HUNTLEY, NORMAN E			NAME		
STREET ADDRESS	6608 PLOVER COURT			STREET ADDRESS		
	SEFFNER FL			CITY+ST-ZIP		
CITY-ST-ZIP TITLE	DVS	☐ DELE		TITLE		Change Addition
NAME	HUNTLEY, SUZANNE G			NAME		
STREET ADDRESS	6606 PLOVER COURT			STREET ADDRESS		
	SEFFNER FL			CITY-ST-ZIP		
CITY-ST-ZIP	OCTIVEN TE	DELE		TITLE		Change Addition
NAME				NAME		
STREET ADDRESS			B * *	STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE		DELE		TITLE		Change Addition
NAME				NAME		• -
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	-	☐ DELE		TITLE		Change Addition
NAME		<u></u>		NAME		•
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE		DELE		TITLE		Change Addition
1		ןו שנוני				Change Addition
MAME		L VELE		1		Change C Addition
NAME CTREET ANNRESS		L DELE	62	NAME		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP		Vece	62 63	1		Crange Addition

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.