

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

**FILED**  
**May 07 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000038578 (6)**  
 1. Corporation Name  
**JET RACING, INC.**



Principal Place of Business <b>3201 118TH AVENUE NORTH UNIT 4                  ST. PETERSBURG FL 33716</b>	Mailing Address <b>3201 118TH AVENUE NORTH UNIT 4                  ST. PETERSBURG FL 33716-1811</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified <b>04/29/1996</b>		3a. Date of Last Report	
21	26	4. FEI Number <b>59-3412696</b>		Applied For		Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Zip		29. Zip		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>DEPESTEL, LEON                  3201 118TH AVENUE NORTH UNIT 4                  ST. PETERSBURG FL 33716</b>				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)			
83.				84. City			
				FL		85. Zip Code	

11. 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 hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ Signature, typed or printed name of registered agent, and title if applicable (NOTE - Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>DEPESTEL, LEON</b>		1.2 NAME				
STREET ADDRESS	<b>3911 OHIO AVENUE</b>		1.3 STREET ADDRESS				
CITY-ST-ZIP	<b>TAMPA FL 33616</b>		1.4 CITY-ST-ZIP				
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>DEPESTEL, SUE A</b>		2.2 NAME				
STREET ADDRESS	<b>3911 OHIO AVENUE</b>		2.3 STREET ADDRESS				
CITY-ST-ZIP	<b>TAMPA FL 33616</b>		2.4 CITY-ST-ZIP				
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>DEPESTEL, MICHELLE</b>		3.2 NAME				
STREET ADDRESS	<b>3911 OHIO AVENUE</b>		3.3 STREET ADDRESS				
CITY-ST-ZIP	<b>TAMPA FL 33616</b>		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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

SIGNATURE \_\_\_\_\_

CR2E034 (9/96)