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 # P96000041499 (0)

RACING SPIRIT INC.

Principal Place of Business

Mailing Address

4519 NE 9TH STREET

4519 NE 9TH STREET

FILED Jun 20 1997 8:00am Secretary of State



OCALA FL 3447	70	OGALA FL 34470-8138						
					3. Date Incorporated or Qualified 05/15/1996	3a. Date o	I Last Re	pport
	Place of Business	2a. Mailing Address			4. FEI Number	-44-LJ		plied For
21 4519	<u> </u>	26			SOURCE STREET			Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$	8.75 A	dditional quìred
City & State		City & State			6. Election Campaign Financing		\$5.00	
23 <u>UC</u>	<u> </u>	28			Trust Fund Contribution		Added to	
Zip 보내	Country	Zip	Country 7.1	y	8. This corporation has liability for in			199.032,
24 547	9. Name and Address of Curren		30		Florida Statutes 10. Name and Address of New Reg	Yos N		
01114		t Hogisteres Agent	81	Name	10. Hame and Address of flow free	jistered Agei		
	INER, MATT O NE 9TH STREET							
	LA FL 34470		82	Street Add	dress (P.O. Box Number is Not Acceptab	e)		
UCA	LLA FL 344/0		83					
•	•		ļ	ļ				
			84	City		FL 8	Zip C	ode
office or r	registered agent, or both, in the State are lamiliar with, and accept the obligations.	of Florida, Such change was au ations of Scenion 607,0505, Flori	ilhorized b ida Statute	y the corpora s.	reporation submits this statement for the pation's board of directors. I heroby acception to the patient when reinstating)	irpose of cha t the appointr	inging its nent as i	registered egistered
12.	OFFICERS AN		13.	eni signame red	ADDITIONS/CHANGES TO OFFIC	ERS AND DIE	ECTORS	6 IN 12
TITLE	P	DELETE	1.1 DILE	T-			Change	Addition
NAME	SUMNER, MATT		1.2 NAME					
STREET ADDRESS	4519 NE 9TH STREET		1 3 STREE	I ADDRESS				
CITY-ST-ZIP	OCALA FL 34470		1.4 Off Y - 1	S1 - ZiP				
TITLE		☐ DELETE	21 THUE				Change	Addition
NAME			22 NAME	}				
STREET ADDRESS			2 3 \$1REF	I ADDRESS				
CITY-ST-ZIP			2. 4 CITY	S1 · 7IP				·
TITLE .		DELETE	31 TITLE	·		LJ	Change	Addition
NAME			3 2 NAME					
STREET ADDRESS				I ADDRESS				
CITY-ST-ZIP TITLE		DELETE	3.4. CITY- 4.1 TITLE	S1-ZIF			Change	Addition
NAME		FT beceive	4.7 NAME	ļ		<u> </u>	-mingb	
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			4.4 CITY - 3					
TITLE		DELETE	5.1 TITLE	2" I"			Change	Addition
NAME			5.2 NAME	•	60000221	9636	3	
STREET ADDRESS				I ADDRESS	60000221 -06/23/970107	'SD31 <u>`</u>		
CITY-ST-ZIP			5.4 CITY-1	SŤ-ZIP	***165 . 00			
TITLE		☐ DELETE	617/118				Change	Addition
AMME			6 2 NAME				4	35
STREET ADORESS			6.3 STREE	ADDRESS			V	<u></u>
CITY-ST-74P			64 CITY	\$1. 7IP				6-20

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 logal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trusted 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: