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 # P96000062219 (6)

T & J RACING, INC.

Principal Place of Business Mailing Address						(109 100 119 13114 01 11 00 11 00 11 00	it duien Arrich itais.		1 1811 1881	
300 NW 61ST ST P O BOX 2202 OCALA FL 34475 OCALA FL 34478-2202										
						3. Date Incorporated or Qualified 07/23/1996	3a. Date of	Last Re	eport	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Ap	plied For	
1 26						59-3390783 Not Applic			t Applicab	
Suite, Apt	i. #, etc.	Suite, Apt. i	Suite, Apt. #, etc. 27 City & State 28			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Sta	ale	<u></u> ⊢				6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fee				
Zip 4	Country 25	Z(p	30	Country	/	8. This corporation has liability for Florida Statutes	intangible tax u		199.032,	
	g. Name and Address of Curr	rent Registered Agent				10. Name and Address of New Re	gistered Ager	t		
	OURY, MICHAEL T			81	Name					
300 NW 61ST ST				82	Street Add	Address (P.O. Box Number is Not Acceptable)				
00	CALA FL 34475			83						
						¬ 		1		
				84	City		FI 185	i Zip €	Code	
SIGNATURE	Signatura, typed or printed nanki of registered		(NO1E: Reg	stered Ag	ent signature requi	red when reinstating)	DATE			
12.		AND DIRECTORS		13		ADDITIONS/CHANGES TO OFFIC				
INTLE	D ANOLINA MICHAEL T	الا	1	I.1 THTLE	1		□ (thange] Additi	
AME	AKOURY, MICHAEL T 300 NW 61ST ST			.2 NAME						
TREET ADDRESS	OCALA FL 34475		10		ADDRESS					
ITY-ST-ZIP ITLE		711		1.4 CITY - S 2.1 TITLE	51 - ZIP			Change	Addit	
IAME	"FKOURY, Robert	<u>, </u>		2.2 NAME			, ت	go		
STREET ADD RESS	PAKOURY, Robert 6650 HW 10 TK A OCALG F1 3	he			ADDRESS					
CITY-ST-ZIP	Ocala F13	4475	1	2. 4 CITY-	1					
ITLE				1.1 TillE				Change	Additi	
IAME				1.2 NAME						
STREET ADORESS			1	3.3 STREET	ADDRESS					
CITY-ST-ZIP				3.4. CITY-	ST-ZIP					
ITLE			DELETE	L1 TITLE				Change	Additi	
NAME			<u>į</u> .	. 2 NAME						
STREET ADDRESS			1	I.3 STREE1	ADDRESS					
CITY-ST-ZIP				1.4 CITY - S	1 - ZIP					
TITLE		□ t	DELETE	i.1 TITLE	-		Ц	Change	Additio	

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, oyon an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CHTY-ST-2IP

6.1 TITLE

6.2 NAME

DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

Change

Addition

FILED

Jul 03 1997 8:00am

Secretary of State