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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000078089 (5)

GREATER YAMAHA RACING, INC.

Principal Place of Business Mailing Address 2154 ZIP CODE PL 2154 ZIP CODE PL WEST PALM BEACH FL 39409-3112 WEST PALM BEACH FL 33409 3. Date Incorporated or Qualified 3a. Date of Last Report 09/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0705609 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing

23 28 Trust Fund Contribution Added to Fees Zio Country Zio Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HILLEY, V. DONALD 11380 PROSPERITY FARMS RD Street Address (P.O. Box Number is Not Acceptable) SUITE 204 PROSPERITY GARDENS PALM BEACH GARDENS FL 33410 R3 84 City Zip Code 85

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 Suprature, typical or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition HILE 1.1 TITLE LLOYD, CARRINGTON M 1,2 NAME NAME CR2E034 18045 SE LAUREL LEAF LN STREET ADDRESS 1.3 STREET ADDRESS **TEQUESTA FL 33469** COY ST ZE 1.4 CITY - ST - ZIP DELETE Change ☐ Addition TITLE 21 TITLE NAM: 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP City-St ZiP 1-1LF DELETE. 31 TITLE Change Addition 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CHY ST 70 DELETE ☐ Change Addition Till I 41 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP COY-ST-ZP DELETE Addition 51 TITLE Change Talle NAM! **5.2 NAME** 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY: ST-Zil DELETE Change Addition 61 TITLE TITLE NAM 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CHY-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 true employable to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block. 12 or Block. 13 if chilinges, or on an attachment with an address.

SIGNATURE

0303093

FILED

Mar 18 1997 8:00am

Secretary of State

Applied For

Not Applicable