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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000078089 (5)

GREATER YAMAHA RACING, INC.

Principal Place of Business

Mailing Address

FILED Mar 24 1998 8:00am Secretary of State



2154 ZIP CODE PL 2154 ZIP CODE PL WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 4190 OKeechobre Blud 4190 OKeechobee Blud 21 65-0705609 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing West Palm Beach, H WOST PAUM BEACH, FL 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 33409 Personal Properly Tax due June 30. ☐ Yes 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) 82 SUITE 204 PROSPERITY GARDENS 63 PALM BEACH GARDENS FL 33410 64 City 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 holls, 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 (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Charige Addition TITLE 1.1 TITLE LLOYD, CARRINGTON M NAME 1.2 NAME **CR2E034** 18045 SE LAUREL LEAF LN STREET ADDRESS 1.3 STREET ADDRESS **TEQUESTA FL 33469** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 City-St-ZiP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TOUR 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Channe TITLE **4.1 TITLE** 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition THUE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP

14. Thereby 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 suppliemental 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 compitation or the receiver or trustee employered to precure this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE