## 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 # P96000083174 (8)

STAY TOONED RACING, INC.

**FILED** May 12 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address		A CORLUBAL CON JACON DIVIN CONTR CORES COURS CONTR	t fotod attol stati toolf offi tool
1600 CYPRESS DRIVE #12	2000 PALM BEACH LAKES BLVD			
JUPITER FL 33469	STE 200		DO NOT WEITE IN TH	IIC CDAOC
	W PALM BEACH FL 33409 US		DO NOT WRITE IN TH  3. Date Incorporated or Qualified	
	•		10/04/1996	
2. Principal Place of Business	2a. Mailing Address		4, FEI Number	Applied For
	26		65-0712031	Not Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc.		The state of the s	\$8.75 Additional
22 #200	27		5. Certificate of Status Desired	Fee Required
City & State O. C	City & State		6. Election Campaign Financing	\$5.00 May Be
23 West Jalm Jack Fl	28		Trust Fund Contribution	Added to Fees
Zip	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24 33409   25 Y 1 DCH		00	Personal Property Tax due June 30.	Yes No
g, Name and Address of Current	Registered Agent		10. Name and Address of New Register	ed Agent
STREET, CAROLYN R				
2000 PALM BEACH LAKES BLVD #200		82 Street Address (P.O. Box Number is Not Acceptable)		
W PALM BEACH FL 33409		63		
		63		
		84 City		85 Zip Code
11. Pursuant to the provisions of Sections 607 0502	and CO7 1509 Etorida Statutos	the shows named sore		L BS Zip Code
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligate	f Florida, Such change was auf	thorized by the corporat	ion's board of directors. I hereby accept the a	appointment as registered
	ions of, Section 607.0505, Florid	da Statutes.		
SIGNATURE Signature, typed or proted name of registered agent	and talo if soulcable (NOIE 6	Registered Agent signature requir	red when reinstating) OATI	<u> </u>
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE D	☐ DELETE	1,1 TITLE		Change Addition
NAME HANKEY, MICHELLE L		1.2 NAME		·
STREET ADDRESS 2000 PALM BEACH LAKES BL	VD #200	1.3 STREET ADDRESS		
CITY-ST-ZIP W PALM BEACH FL		1.4 CITY - ST- ZIP		
TITLE	DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-SI-ZIP		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
CITY-S1-ZIP		3.4. CITY-ST-ZIP	, ————————————————————————————————————	
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	Pricz	4.4 City-St-ziP		Observa Till Address
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		1
STREET ADDRESS		5 3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	5.4 CITY - ST - ZIP		Change Addition
TITLE	C'1 DETE IE	6.1 TITLE		Li cuanda Li voquon
NAME CIRCET ADDRESS		6.2 NAME		
STREET ADDRESS City, St. 7IP		6.3 STREET ADDRESS		]
14111011111		- NATHY-NI-NE I		J.

14. I 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 attagriment with an address.