AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). **PROFIT** CORPORATION ANNUAL REPORT

SECURD RUTICE, CONFORMATION WILL BE DISSULVED ON ON ATTEN SETTEMBER 15, 1888.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT# P96000089340 \

VINTAGE RACING, INC.

1999

FILED Jul 13, 1999 8:00 am Secretary of State 07-14-1999 90009 024 ***150.00

District District Address						-	
Principal Place of Business		Mailing Address					
8301 HIGHWAY 2301 YOUNGSTOWN FL 32466		8301 HIGHWAY 2301 YOUNGSTOWN FL 32466					
10010010111	7 2 32400	10011001011111111 12 32400	100110010111111 22400			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						10/30/1996	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26				59-3422387 Not Applicable	
Suite, Apt. 4	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Security \$8.75 Additional	
22		27	7			5, Certificate of Status Desired Fee Required	
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28	B			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Coun			8. This corporation owes the current year	
24	25	29	30			Intangible Personal Property. Yes No	
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New Registered Agent	
Liter	CUICON VEITU			81	Name		
HUTCHISON, KEITH				82	Street Addre	ss (P.O. Box Number is Not Acceptable)	
8301 HIGHWAY 2301 YOUNGSTOWN FL 32466				83			
TOL	INGS 10WN FL 32400						
				84	City	85 Zip Code	
interpretation of the second o							
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							
Olonari orice	Signature, typed or printed name of registered agent			red Ag	ent signature requir	red when reinstating) DATE	
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	_			Change Addition	
NAME	HUTCHISON, KEITH		1.2 NAME		-		
STREET ADDRESS			1.3 ST	REETA	ADDRESS		
CITY-ST-ZIP	YOUNGSTOWN FL 32466		1.4 CITY-ST		ZIP		
TITLE	D	DELETE	2.1 TI	LE		L Change Addition	
NAME	HUTCHISON, TIM		2.2 NAME				
STREET ADDRESS			REETA	ADDRESS			
CITY-ST-ZIP _	YOUNGSTOWN FL 32466			2.4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TIT	LE		Change Addition	
NAME			3.2 NA	ME			
STREET ADDRESS			3.3 ST	REETA	ADDRESS		
CITY-ST-ZIP				ry-st-	ZIP		
TITLE		DELETE	4.1 TIT	LE		Change Addition	
NAME			4.2 NA	ME			
STREET ADDRESS			4.3 ST	REETA	ADORESS		
CITY-ST-Z!P			_	TY-ST-Z	ZIP		
TITLE		DELETE	5.1 TIT	LE		Change Addition	
NAME			5.2 NA	ME	1		
STREET ADDRESS			5.3 ST	REET A	ADDRESS		
CITY-ST-ZIP			5.4 CI	TY-ST-	ZIP		
TITLE		DELETE	6.1 TI	ΠE		Change Addition	
NAME			6.2 NA	ME			
STREET ADDRESS			6.3 ST	REETA	ADDRESS		
CITY-ST-ZIP			6.4 CI	TY-ST-	ZIP		

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 attachment with an address.

SIGNATURE: