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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000097261 (7)

AMERICAN MOTOR SPORTS MARKETING, INC.

Principal Place of Business Mailing Address 6105 MEMORIAL HWY **BIOS MEMORIAL HWY** SUITE E SUITE E TAMPA FL 33615 TAMPA FL 33615-4557 3. Date Incorporated or Qualified 3a. Date of Last Report 11/25/1996 2. Principal Place of Business
11 6102 Webb Rd 2a. Mailing Address 4. FEI Number Applied For 6102 Webb Rd 59-3415421 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 909 Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be MUPA, FL Trust Fund Contribution Added to Fees 26 23 Country 8. This corporation has liability for intangible tax under s. 199.032, HILLS BUROUSH Hillsboraigh Yes No 25 29 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SPITZNER, KURT 6105 MEMORIAL HIGHWAY 6102 Webb Rd 82 Street Address (P.O. Box Number is Not Acceptable) NO.909 SUITE E 83 **TAMPA FL 33615** City 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 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 Typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when rainstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 96/6) 13. Change Addition DELETE TITLE 1.1 TITLE SPITZNER, KURT 1.2 NAME NAME 6102 webb Rd 140.909 6105 MEMORIAL HIGHWAY SUITE E 1.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33615** CHTY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE Change 2.1 TITLE THILE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-7-P 2.4 CITY-ST-ZIP DELETE Change ___ Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 City-ST-7IP CITY-SI-ZIF DELETE Change Addition TITLE 41 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - S1 - 71P DELETE Change 5.1 TITLE Addition DIDE 5.2 NAME NAME 5.3 STREET ADDRESS STREE! ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP

FILED Mar 18 1997 8:00am Secretary of State

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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 in the corporation of 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 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

TITLE

NAME

STREET ADDRESS

Hill Hille Spiran 3/13/97

61 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

DELETE

Change

Addition