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

PROFIT CORPORATION ANNUAL REPORT

1997

CRY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 07 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000101849 (3)

AMERICAN OUTBOARD RACING ASSOCIATION, INC. Principal Place of Business Mailing Address 220 LAKE MIRIAM DRIVE 220 LAKE MIRIAM DRIVE SUITE W4 SHITE W4 LAKELAND FL 33813-2140 LAKELAND FL 33813 3a, Date of Last Report 3. Date Incorporated or Qualified 12/16/1996 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 65-0720018 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes X No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name GANN, W.L. "BUD" 220 LAKE MIRIAM DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE W4 83 LAKELAND FL 33813 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 a cept the obligations of Section 607.0505, Florida Statutes. cept the obligations of, SIGNATURE. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) (8/6) OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE Change Addition Tille NAMI Gann, W.L. "BUD" 1.2 NAME CR2E034 6005 MOUNTAIN LAKE DRIVE STREET ADDRESS 1.3 STREET ADDRESS LAKELAND FL 33813 1.4 CITY - ST - ZIP C!1Y - S* - 7IP THILE ■ DELETE 2.1 TITLE ☐ Change Addition 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS City-St-ZiP 2.4 CITY-\$1-2IP ☐ DELEYE ☐ Change Addition THEE 3.1 TIFLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY - \$1 - ZIP ☐ DELETE Change Addition TOUE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CHTY - ST - ZIP 4.4 CITY-ST-ZIP DELETÉ Change Addition THUE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS COTY-S1-ZP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition 6.1 TITLE THILE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS**

64 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 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.