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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000002917 (7)

MISS MISERY RACING INC.

Principal Place of Business

Mailing Address

FILED Feb 27 1998 8:00am Secretary of State



5520 LAKE PI COCOA FL 32	OINSETT ROAD 2926	\$520 LAKE POINSETT ROAI COCOA FL 32926	D	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/06/1997	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number Applied Applied	
Suite, Apt. #, etc Suite, Apt. #, etc.			£	5. Certificate of Status Desired S8.75 Additio	
22 City & Stat	F1	City & State		Fee Required	
— Λ . ∧	joa, Al	[28]		6. Election Campaign Financing \$5.00 May E Trust Fund Contribution Added to Fee	
24 3899	25 USA	Z(p) 3	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	9
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent	
	DRILL, ROBERT E			HOBERT & Dochall	
	20 LAKE POINSETT ROAD COA FL 32926		62 Street	Address (P.O. Box Number is Not Acceptable)	
	OUNTE OCOLO		63		
			84 City	0 0 0 0 0 = 1 85 7p,Cpde	~~
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes	the above-named	d corporation submits this statement for the purpose of changing its regis	75
office or r agent. I a	egistered agent, or both, in the State or im familiar with, and accept the obligati	Horida, Such change was aut	horized by the cor da Statutes.	rporation's board of directors. I hereby accept the appointment as registe	ed
SIGNATURE	Rubert & Ordinal Signature, typed or probled name of registered agent			re required when reinstating) 3/16/98	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	2
TITLE	D	™ DETE1E	1.1 TITLE		ddition
NAME Street address	Dodrill, robert e 5520 lake poinsett road		1.2 NAME	Robert & Dodnill	
CITY-ST-ZIP	COCOA FL 32926		1.3 STREET ADDRESS 1.4 City-St-Zip	SSO Care Poinsett Rd	
TITLE		☐ DELETE	21 TITLE		ddition
NAME			2.2 NAME	Krista R. Dodnill	
STREET ADDRESS			2.3 STREET ADDRESS	5500 Lake Poinsett Rd.	
CITY-ST-ZIP			2 4 CITY-ST-ZIP	COCOC , 91 38936	
TITLE		☐ DELETE	3 1 TITLE	Change A	ddition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE	Change A	ddition
NAME			4 2 NAME	C onange L N	Januari
STREET ADDRESS			4.3 STREFT ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		- 1
TITLE		☐ DELFTE	5.1 TITLE	☐ Change ☐ A	ddition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	Change A	ddition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		- 1
CITY-ST-ZIP	and the state of t		6.4 CITY-ST-ZIP		

I nereby 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.

GNATURE: