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FILED
May 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000009280 (3)

1. Corporation Name

KARTWORLD MAINGATE, INC.



Principal Place of Business

Mailing Address

530 READ CIRCLE
ST. CLOUD FL 34772

530 READ CIRCLE
ST. CLOUD FL 34772

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1997

2. Principal Place of Business

21 6077 W. IRLO BRANSON

2a. Mailing Address

26 6077 W. IRLO BRANSON

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 KISSIMMEE FL

28 KISSIMMEE FL

Zip

Country

Zip

Country

24 34747

25 USA

29 34747

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLARK, ROBERT R
530 READ CIRCLE
ST. CLOUD FL 34772

81 Name

ROBERT CLARK

82 Street Address (P.O. Box Number is Not Acceptable)

7551 CURRENCY DR.

83

84 City

ORLANDO

FL

85 Zip Code

32807

11. Pursuant to the provisions of Sections 607.0102 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent 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

ROBERT CLARK

4/29/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D CLARK, ROBERT R DELETE

NAME CLARK, ROBERT R
STREET ADDRESS 530 READ CIRCLE
CITY-ST-ZIP ST. CLOUD FL 34772

1.1 TITLE D CLARK, ROBERT R Change Addition

1.2 NAME CLARK, ROBERT
1.3 STREET ADDRESS 7551 CURRENCY DR.
1.4 CITY-ST-ZIP ORLANDO FL 32807

TITLE NAME DELETE

STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP Change Addition

TITLE NAME DELETE

STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP Change Addition

TITLE NAME DELETE

STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP Change Addition

TITLE NAME DELETE

STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP Change Addition

TITLE NAME DELETE

STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP Change Addition

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 incorporator 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 in the attachment with an address.

CP2E034 (10/97)