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

May 20 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 P97000019787 (5) DOCUMENT # JSJ MOTORSPORT DISPLAYS, INC. Mailing Address Principal Place of Business 14559 AUTUMN AVENUE 14559 AUTUMN AVENUE WELLINGTON FL 33414 WELLINGTON FL 33414 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/04/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For SAME 907 LANTERN TREE LAND Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing Wellington 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Yes 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 AMERILAWYER CHARTERED 343 ALMERIA AVENUE 82 -CORAL GABLES FL 99194 ---83 84 Wellington 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. Floredy accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating) eu name of registered agent and to eld applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change DELETE 1.1 TITLE TITLE BARTON, JAMES E ADDRESS 1.2 NAME NAME 907 LANTERN TROV LAND 14559 AUTUMN AVENUE STREET ADDRESS 1.3 STREET ADDRESS **WELLINGTON FL 33414** 1.4 CITY - ST- ZIP CITY-ST-ZIP DELETE __ Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Addition Change TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-S1-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition TITLE 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - 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 Plack 12 of Plack 12 if parcent or an otherwise the research of 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

4-20.98)

Block 12 or Block 13 if changed, or on an attachment with an address.

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