SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

• PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000035943 (4) DANGEROUSLY RACING, INC.

FILED Aug 17 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						J TABUKABU ULU 18111 18811 BARK BRUK BRUK BRUK BUKA BUMU BUMU BUMU BUMU BUMU ALIM ITABU ALIM ITABU ALIM ITABU A
318 S. 57 TERR	RACE	318 S. 57 TERRACE	318 S. 57 TERRACE			}
HOLLYWOOD FL 33023		HOLLYWOOD FL 33023	HOLLYWOOD FL 33023			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						04/21/1997
2. Principal Place of Business 2a, Mailing Address			 , , .	····		4. FEI Number Applied For
21		26	26			66-0760175 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27	27			5. Certificate of Status Desired Fee Required
City & State	e	City & State	City & State			6. Election Campaign Financing \$5.00 May Be
23		28) ~! ··· · · · · · · · · · · · · · · · ·			Trust Fund Contribution Added to Fees
Zip	Country	Zip	<u> </u>	Country		8. This corporation owes or has paid the current year intangible
24	25	29	30	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent
CHIARELLI, MICHAEL				81	Name	
318 S. 57 TERRACE			F	82 Street Address (P.O. Box Number is Not Acceptable)		
HOLI	LYWOOD FL 33023					
			1	63∫		
			<u> </u>	84	City	85 Zip Code
			ļ	١.	ψ.,	FL S L S L S C C C C C C C C C
11. Pursuant	to the provisions of sections 607.050	2 and 607.1508, Florida Sta	tutes, the abo	ve-n	amed corpora	ation 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						
Signature, typed or printed name of registered agent and title if applicable (NOTE: Regis				egistered Agent signature required when reinstating) DA1E		
12.			13.			
TITLE	PD	DELETE	1.1 TITU	.E	Ì	Change Addition
NAME]	CHIARELLI, MICHAEL		1.2 NAM	Æ		j
STREET ADDRESS	0,0 0,0,0,0,0		1.3 STR	1.3 STREET ADDRESS		j
CITY-ST-ZIP	HOLLYWOOD FL 33023		1.4 CIT		!IP	
TITLE	C Detter		2.1 TITU	.E]	Change Addition }
HAME -			2.2 NAM	AE.	l	
STREET ADDRESS			2.3 STR	EETA	Doress	
CITY-ST-ZIP			2.4 CIT		(IP	
TITLE	DELETE 3.110		.E.		Change Addition	
NAME			3.2 NAN	AE.		
STREET ADDRESS			3.3 STR	EET AI	DDRESS	
CITY-ST-ZIP			3.4 CITY		LIP	
TITLE		DELETE				Change Addition
NAME			4.2 NAM			
STREET ADDRESS			4.3 STR	EET A	DDRESS	
CITY-ST-ZIP			4.4 CITY		NP	
TITLE		DELETE				Change Addition
NAME			5.2 NAM)	200002620402
STREET ADDRESS			, 5.3 STR	EET A	DDRES\$	-08/20/9801003- - 034
CITY-ST-ZIP			5.4 CITY		tiP	***408.7S
TITLE		DELETE				Change Addition
NAME			6.2 NAM			2000026204029° / Addition -08/20/9801003033
STREET ADDRESS			63 S TR	EET AI	DDRESS	***150.00
CITY-ST-ZIP			6.4 CITY			
14. I hereby ce	orthy that the information supplied with	n this filing does not qualify f	or the exempt	ion s	stated in section	on 119.07(3)(i), Florida Statutes. I further certify that the information

an officer of director 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 Block 12 or Block 13 it changed, or on an exact panel with an address.