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**PROFIT** CORPORATION **ANNUAL REPORT** 

· 1998



FLORIDA DEP ARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000046246 (9)

BOCA RACING, INC.

Princi	ipa	u P	lace	OI	Dusine
3901	F	11	AVE		

Mailing Address

3801 E 11 AVE

## FILED Mar 02 1998 8:00am Secretary of State



TAMPA FL 33605 **TAMPA FL 33605** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/23/1997 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address 3448820 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **BOEZI, BRIAN** 3801 E 11 AVE Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33605** 83 84 City Zip Code 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 accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TITLE TITLE BOEZI, BRIAN 1.2 NAME NAME 12930 PRESTWICK DR 1.3 STREET ADORESS STREET ADDRESS RIVERVIEW FL 33569 1.4 CITY-ST-ZIP CITY-ST-ZIP \_\_\_ Addition DELETE Change 2.1 TITLE TITLE 2.2 NAME NAME **BOEZI, ROBERT** 11311 TORREY PINES DR STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST- ZIP RIVERVIEW FL 33569 CITY-ST-ZIP Change Addition DELETE TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CHTY-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 Block 12 or Block 13 if chapter or in an attachment of the corporation 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 if chapter 607, and attachment of the corporation of the corporat