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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 20 1998 8:00am

Secretary of State

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DOCUMENT #

1. Corporation Name

P97000061584 (3)

M.T. POCKETS RACING, INC.

Principal Place of Business 630 N.W. 38TH PL. POMPANO BEACH FL 33064 2. Principal Place of Business 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc.		(i milas imili didi i bė s
POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 2. Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. Suite, Apt. #, etc.			
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
26 Suite, Apt. #, etc. Suite, Apt. #, etc.		3. Date Incorporated or Qualified	
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.		07/15/1997	1
Suite, Apt. #, etc. Suite, Apt. #, etc.		4. FEI Number 59 × 345 7958	Applied For
		¢R	Not Applicable 75 Additional
		I E Centificate of Status Desired I I '	ee Required
City & State City & State		6. Election Campaign Financing \$5	i.00 May Be
28			ided to Fees
	ountry	8. This corporation owes or has paid the current ye	
24 25 29 30 30 29 Name and Address of Current Registered Agent		Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent	<u> </u>
	81 Name	10, Name and Address of New Registered Agent	
HEINKEL, ANTHONY			
630 N.W. 38TH PL.	82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
POMPANO BEACH FL 33064	83		
	84 City	FL 85	Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Stalutes, the	above-named corp	poration submits this statement for the purpose of chance	ing its registered
office or registered agent, or both, in the State of Florida, Such change was authoriz agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida St	zed by the corporat	tion's board of directors. I hereby accept the appointme	nt as registered
SIGNATURE			
	ored Agent signature requir	ired when reinstating) DATE	
12. OFFICERS AND DIRECTORS 13		ADDITIONS/CHANGES TO OFFICERS AND DIREC	
	TITLE	RESIDENT	ange Addition
1.00.000	NAME	IEINKEL ANTHONY	
444 1	STREET ADDRESS	030 NW Som	22010
	CITY-ST-ZIP	OCACIOCA COMO TO	
	TITLE TO	KEASUKEK	
	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	に いっこいじょう . しょねをもはを	ange A Acumur
	2 NAME	HEINKEL MARTINE	ange Applinor
STREET ADDRESS 2.3	STREET ADDRESS	HEINKEL, MARTINE	23 <i>V</i> ./
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2.3 2.3 2.4 2.5	S STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 8 STREET ADDRESS	HEINKEL, MARTINE 30 NW 3841.PL.	33004/
STREET ADDRESS 2.3 CITY-ST-ZIP 2.4 TITILE DELETE 31 NAME 32 STREET ADDRESS 33 CITY-ST-ZIP 34	3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME	HEINKEL, MARTINE 30 NW 3841.PL.	3300/ ange □ Addition
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