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PROFIT CORPORATION ANNUAL REPORT



HUORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000073464 (4)

RON CRAWFORD RACING ENGINES, INC.

## FILED Jun 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 14053 S.W. 140TH STREET 14053 S.W. 140TH STREET MIAMI FL 33186 MIAMI FL 33186 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/25/1997 2. Principa! Place of Business 2a. Mailing Address Applied For 21 Same Same 65-0840676 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & Stato City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name CRAWFORD, RONALD W 9650 S.W. 163RD STREET 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33157** 83 84 City Zip Code 85 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 of the original of the purpose of changing its 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 of printed name of requistered agent and title it applicable (NOTE Registered Agent signature required whon reinstaling) (10/97) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 1/11/2 Crawford, Pronald W. CRAWFORD, RONALD W NAME 1.2 NAME 14641 3W 110 Testace 9650 S.W. 163RD STREET STREET ADDRESS 1.3 STREET ADDRESS MIAM! FL 33157 Pliemi. FL CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 2.1 THUE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - \$1 - ZIP CITY-ST-ZIP Change DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - 7/P DETETE and 6.30.98 Change Addition TITLE 4.1 10 LF NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP DITY-ST-ZIP Change Addition DELETE TITLE 6 1 1DLE 100002578581 NAME 6.2 NAME -07/02/98--01014--005 6.3 STREET ADDRESS STREET ADDRESS \*\*\*150.00 6.4 CiTy - \$1 - 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 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 13 if changed, or on an attachment with an address.

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