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

2a. Mailing Address

Suite, Apt. #, etc.

26

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000092178 (7)

TEAM ITALIA RACING ENTERPRISES, INC.

Principal Place of Business Mailing Address

1781 SEMORAN BLVD.
WINTER PARK FL 32792 WINTER PARK FL 32792

## FILED Jan 29 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

59-3474226

5. Certificate of Status Desired

10/23/1997

4. FEI Number

City & State				City & State				Election Campaign Financing     \$5.00 May Be		
23			20	28				Trust Fund Contribution Added to Fees		
Zip					Col	Country				
<del>-</del>				30	,		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
24 25 29 30 30 9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
						81	Name			
ZITZA, RONALD E							140.110			
1781 SEMORAN BLVD.						82 Street Address (P.O. Box Number is Not Acceptable)				
WINTER PARK FL 32792										
						83				
						84 City 85 Zip Code				
							·	FL		
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)  DATE										
12.	OFFICERS AND DIRECTORS 13.							ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	D DELETE				1.1 TITLE		☐ Change ☐ Addition		
NAME	ZITZA, RONALD E			1.2 N		AME				
STREET ADDRESS	DRESS 1781 SEMORAN BLVD.				1.3 \$	1.3 STREET ADDRESS				
CITY-ST-ZIP	ST-ZIP WINTER PARK FL 32792				1.4 C	1.4 CITY - ST - ZIP				
TITLE				☐ DELETE	2.1 71			Change Addition		
NAME					2.2 N	AME				
STREET ADDRESS					235	IBFFT A	ADDRESS			
CITY-ST-ZIP						ITY-S				
TITLE		•		DELETE	3.1 TI		1"211	☐ Change ☐ Addition		
NAME					3.2 N					
							ADDRESS			
STREET ADDRESS										
CITY-ST-ZIP				DELETE		ITY-S	1 - ZIP	Change Addition		
TITLE					4.1 TI			C ontarigo C Addition		
NAME					4. 2 N					
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP				OF FT		TY-ST	- ZIP	T Observe T Address		
TITLE				☐ DELETE	5.1 TI			Change Addition		
NAME					5.2 N	AME				
STREET ADDRESS					5,3 S1	REET /	ADDRESS			
CITY-ST-ZIP	5.4			5.4 C	TY-ST	- ZIP				
TITLE	DELETE 6			6.1 TI	TITLE		Change Addition			
NAME					6.2 N	AME				
STREET ADDRESS					6.3 ST	REEY A	ADDRESS			
CITY-ST-ZIP					6.4 C	TY-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										

. 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 eath; 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 changed, or on an attachment with an address.

SIGNATURE.

12 Tel SARAURE 1/20

1-22-98 407-

407-678-6789

CR2E034 (10/97)

Applied For

\$8.75 Additional

Fee Required

Not Applicable