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

PROFIT **CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secrétary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000011757

Country

9. Name and Address of Current Registered Agent

25

1. Corporation Name

WHITNEY MOTORSPORTS LIMITED, INC.

Principal Place of Business	
10105 NICARAGUA DRIVE	
MIAMI FL 33189	

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

10105 NICARAGUA DRIVE MIAMI FL 33189

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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## **FILED** May 03, 1999 8:00 am Secretary of State

05-03-1999 90008 047 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

Not Applicable

**⊵**N₀

3. Date Incorporated or Qualifed

65-0811333

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

02/05/1998 4. FEI Number

	V. 1141110 C.12								
MAN	HIEIM ALEDED	81	Name	•	,				
MANHEIM, ALFRED 5901 S.W. 74TH STREET STE. 403				82 Street Address (P.O. Box Number is Not Acceptable)					
	Al FL 33143	83	<del>                                     </del>						
	•	L	<u> </u>			, , ,			
		84	City		FL	85 Zip C	ode		
office or r	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, egistered agent, or both, in the State of Florida. Such change was auth im familiar with, and accept the obligations of, Section 607.0505, Florida	iorized by	the cor	d corporation submits this poration's board of director	statement for the purpose of s. I hereby accept the apport	changing its intment as reg	registered jistered		
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg	gistered Age	nt signature	required when reinstating)	DATE		- <del></del>		
12.	OFFICERS AND DIRECTORS	13.		<u> </u>	HANGES TO OFFICERS AN	ID DIRECTOR	RS IN 12		
TITLE	D DELETE	1,1 TITLE		T		Change	Addition		
NAME	WHITNEY, STEPHANIE	1.2 NAME		- · ·					
STREET ADDRESS	10105 NICARAGUA DRIVE	1.3 STREE	T ADDRES	s					
CITY-ST-ZIP	MIAMI FL 33189	1.4 CiTY-5	ST-ZIP						
TITLE	D DELETE	2.1 TITLE				Change	☐ Addition		
NAME	WHITNEY, GLENN	2.2 NAME					ļ		
STREET ADDRESS	4040C NICAGAGUA DDDGC	2.3 STREE	T ADDRES	s					
CITY-ST-ZIP	MIAMI FL 33189	2. 4 CITY-	ST-ZIP						
TITLE	☐ DELETE	3.1 TITLE				☐ Change	☐ Addition		
NAME		3.2 NAME							
STREET ADDRESS		3.3 STREE	T ADDRES	s					
CITY-ST-ZIP	<u>.</u>	3.4. CITY-	ST-ZIP						
TITLE	☐ DELETE	4.1 TITLE				Change	☐ Addition		
NAME		4. 2 NAME							
STREET ADDRESS		4.3 STREE	T ADDRES	s	•				
CITY+ST-ZIP	·	4.4 CITY-5	ST-ZIP						
TITLE	☐ DELETE	5.1 TITLE			,	☐ Change	Addition		
NAME	,	5.2 NAME							
STREET ADDRESS		5.3 STREE	T ADDRES	s					
CITY-ST-ZIP		5.4 CITY-	ST-ZIP						
ITILE	☐ DELETÉ	6.1 TITLE				☐ Change	Addition		
NAME ,		6.2 NAME							
STREET ADDRESS		6.3 STREE	TADDRES	s					
CITY-ST-ZIP		6.4 CITY-							
14. I hereby	certify that the information supplied with this filing does not qualify for the	e exemp	tion stat	ed in Section 119.07(3)(i),	Florida Statutes. I further ce	rtity that the in	itormation		

Country

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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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: