PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED Apr 08, 1999 8:00 am Secretary of State

	1999 DIVISION OF COR						04	-06-1999 90	024 034 **	130.00
1. Corpore	JMENT # P98 MON MOTOR SPORTS		3783							
Principal Pi	lace of Rusiness	Ma	lling Address				è findicières sera contrat cities	i Still anilt Thii hai	· DE Hera ven comá	i firfi fir i fir i fir i fir
Principal Place of Business Mailing Address 11708 US HWY 92 E 11708 US HWY 92 E SEFFNER FL 33584 SEFFNER FL 33584							DO NO	OT WRITE IN TH	IS SPACE	
						1 4,	Date incorporated or 0 04/22/1998			
2. Principa	Il Place of Business	· 2a.	Mailing Address			4.1	FEI Number	508750		died For
21	•	26					37-3	08/50		Applicable
Suite, A	pt. #, etc.		Suite, Apt. #, etc.			5. (Certificate of Status De	sired 🗋	\$8:75 A Fee Re	
City & State			City & State			1	Election Cempalgn Fin	{ L	\$5.00 Added t	May Be
23 Zip	Country	28	Zip	Cour	ntry		This corporation owes		Intanglişle	
24	25	29	•	30		"	Personal Property Tax	·	Yes	□No
	9. Name and Address	of Current Regist	tered Agent			10.	Name and Address o	New Registers	d Agent	
				-	81 Name					}
Dentmon, Marshall e 10816 Juliann RD					82 Street Address (P.O. Box Number is Not Acceptable)					
T/	AMPA FL 33810			[83					
•		٠.		ł	84 City				. 85 Zip (ode
11, Pursui	ant to the provisions of Section	s 607,0502 and 60	7, 1508, Florida Statut	us, the at	pove-named	corporation	submits this statement	for the purpose	of changing its pointment as re	registered pistered
11, Pursua office agent.	ant to the provisions of Section or registered agent, or both, in 1 am familiar with, and accept RE	· •						t for the purpose by accept the app	of changing its cointment as re	registered gistered
SIGNATU	RE Signature, typed or printed name of re	· •	applicable. (NOTE		bove-named by the corporates.	equified when the		for the purpose by accept the app	of changing its pointment as re-	RS IN 12
	RE Signature, typed or printed name of re	agistered agent and tide h	applicable. (NOTE	Registered	Agent algrature n	equified when the	instating)	for the purpose by accept the app	of changing its pointment as re	
SIGNATUI	Signature, typed or printed name of n OFFI D DENTMON, MARSHALL	egistered agent and side if	Papplicable. (NOTE	13. 1.1 TH	Agent algreture o	equified when the	instating)	for the purpose by accept the app	of changing its pointment as re-	RS IN 12
SIGNATUR 12. TITLE NAME	Signature, typed or printed name of n OFFI D DENTMON, MARSHALL	egistered agent and side if	Spokeside. (NOTE CTORS CLUSLETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CR	Agent algoritum in LE ME REET ADDRESS Y-ST-ZIP	equified when the	instating)	for the purpose by accept the app	of changing its pointment as re-	RS IN 12
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SIGNATURE NAME STREET ADDR CITY-ST-JIP TITLE NAME	D DENTMON, MARSHALL 11708 US HWY 92 E SEFFNER FL 33584	egistered agent and side if	Spokeside. (NOTE CTORS CLUSLETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA	Agent agneture of the ME REET ADDRESS Y-ST-ZIP LE ME	equified when the	instating)	for the purpose by accept the app	of changing its pointment as re-	RS IN 12
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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 in this annual report or supplemental annual report is true and eccurate and that my signature shall have the same legal effect as if made under cath; 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 as attachment with an address, with all other like empowered.

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