**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P98000073725

SWAMP BUGGY RACING ASSOCIATION, INC.

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90246 021 \*\*\*150.00



Principal Place	of Business	Mailing A	Address					<b>PO 19831 IDUJU</b> 18	O
9070 BONITA BEACH ROAD 9070 BONITA BEACH ROAD									
BONITA SPRINGS FL 34135 BONITA SPRINGS FL						DO MOTINGITE IN THE COLOT			
							DO NOT WRITE IN THIS S	PACE	<del></del> -i
							3. Date Incorporated or Qualifed		
							08/21/1998	11.	<del></del>
	ace of Business	2a. Maili	ng Address				4, FEI Number	<del> </del>	ied For
21 649	5th Avenue	26					59-3531037.		Applicable
Suite, Apt. i		Suite	e, Apt. #, etc.				5. Certificate of Status Desired	<b>\$8.75</b> Ac Fee Req	I
	e 201	27				<del></del>			
City & State	_	— ·	& State				6. Election Campaign Financing	\$5.00 N Added to	
	es, FL	28		C	_4		Trust Fund Contribution		Fees
Zip	Country	Zip	Г	Cou	nuy		8. This corporation owes the current year Intar	igibie ∐Yes 🄰	<b>√</b> No
3410		29		30	Γ		Personal Property Tax.  10. Name and Address of New Registered A		
	9. Name and Address of Curren	t Kegisterea	Agent		81	Name	10. Name and Address of New Registered A	gont	
STEM	VART, JAMES C JR				•	1401110			
SIEWARI, JAMES C JR SUITE 101					82	Street Adds	ress (P.O. Box Number is Not Acceptable)		
	COUNTY ROAD 951				02		· · · · · · · · · · · · · · · · · · ·		
	DEN GATE FL 34116-6543			83					
GOLI	DEN GATE 1 E 34110-0043				84	City	FL	85 Zip Co	ode
					Ш				n mintored
11. Pursuant i	to the provisions of Sections 607.050:	2 and 607.150 of Florida, Su	08, Florida Statute: ich change was au	s, the at thorized	bove i by 1	e-named corp the corporation	oration submits this statement for the purpose of cl on's board of directors. I hereby accept the appoint	ment as regi	stered
agent. I ar	m familiar with, and accept the obligation	tions of, Secti	on 607.0505, Flori	ida Statu	utes.		, , ,.		
SIGNATURE									
	Signature, typed or printed name of registered agen				Agent	t signature require	d when reinstating) DATE	DIRECTOR	OC IN 42
12.	OFFICERS AN	ID DIRECTOR	RS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition
TITLE	D		☐ DECE IE	1.1 TII					
NAME	CARMIGNANI, A. BROOKS			1.2 NA					
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CITY-ST-ZIP	BONITA SPRINGS FL 34135			14.00	TV. CT	T-ZIP			
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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 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP