**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # P98000	<i>)</i> 076432				<b>)</b>		
1. Corporation	MOTOR SPORTS INC.							
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Principal Place	e of Business	Mailing Addres	3			L f84 i 1881 ira enen etter Batte suste sant sant a	Sate aimi eras:	()4) (49)
17160 N.W. 2N	ID COURT	17160 N.W. 2NE						
MIAMI FL 3316	59	MIAMI FL 33169	9			DO NOT WRITE IN THIS	SPACE _	
						3. Date incorporated or Qualifed		
						08/31/1998		
2. Principal P	lace of Business	2a. Mailing Add	iress			4. FEI Number 285 9631		plied For
21		26					\$8.75	
Suite, Apt.	#, etc.	Suite, Apt. 1	#, etc.			5. Certificate of Status Desired	Fee Re	
22 City & State	ie	City & State	8		<del></del>	_6. Election Campaign Financing _	\$5.00	May Be
23		28			· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip		ountry		8. This corporation owes the current year Inte	engible	□No
24	25	29	30			Personal Property Tax.  10. Name and Address of New Registered A		UNU
<del></del>	9. Name and Address of Curre	nt Registered Agent		St N	ame	TU. Name and Address of New Registeres	-9	
VAI	.DES, RICHARD							
	60 N.W. 2ND COURT			82 S1	treet Addre	ess (P.O. Box Number is Not Acceptable)		
	M) FL 33169			83				
]				84 Ci	· · · · · · · · · · · · · · · · · · ·		85 Zip (	Code
				1 1	•	<u> </u>	11	1
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Flo	rida Statutes, the	above-na	med corpo	pration submits this statement for the purpose of a	changing its stment as ce	registered
office or r	registered agent, or both, in the State	OI PIONUM SUCI CITA						
agent. I a	im familiar with, and accept the oblig	ations of, Section 607	.0505, Florida Sta	atutes.		, , , , , , , , , , , , , , , , , , , ,		`
agent. I a SIGNATURE						oration submits this statement for the purpose of n'a board of directors. I hereby accept the appointment of the purpose of th		
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable		ngia InagA ba				DRS IN 12
SIGNÁTURE	Signature, typed or printed name of registered ago	ent and title if applicable ND DIRECTORS	(NOTE Register	ngia InagA ba		when reinstating) OATE		
SIGNATURE	Signature, typed or printed name of registered ago	ent and title if applicable ND DIRECTORS	(NOTE Register 13 DELETE 1.1	ed Agent sign 3.		when reinstating) OATE	D DIRECTO	DRS IN 12
SIGNÁTURE 12. TITLE	Signature, typed or privided name of registered appropriate to the state of the sta	ent and title if applicable NO DIRECTORS	(NOTE Register 13 DELETE 1.1 1.2	ed Agent sign 3. TTLE	nature required	when reinstating) OATE	D DIRECTO	DRS IN 12
SIGNATURE  12.  TITLE  NAME	Signature, typed or privided name of registered appropriate to the state of the sta	ent and site if applicable ND DIRECTORS  2	(NOTE Register 13 DELETE 1.1 1.2 1.3	nd Agent Aign 3. TITLE NAME STREET ADD	RESS	when reinstating) OATE	D DIRECTO	DRS IN 12
SIGNÁTURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered ago	ent and site if applicable ND DIRECTORS  2	(NOTE Register) 13 DELETE 1.1 12 13 14 DELETE 21	ad Agent Aign 3. TITLE NAME STREET ADD CITY-ST-ZIP TITLE	RESS	when reinstating) OATE	D DIRECTO	DRS IN 12
SIGNÁTURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or privided name of registered appropriate to the state of the sta	ent and site if applicable ND DIRECTORS  2	(NOTE Registers 13	ad Agent sign  TITLE  NAME  STREET ADD  CITY-ST-ZIP  TITLE  NAME	RESS	when reinstating) OATE	D DIRECTO	DRS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or privided name of registered appropriate to the state of the sta	ent and site if applicable ND DIRECTORS  2	(NOTE Registers 13	NAME TITLE NAME STREET ADD CITY-ST-ZIP TITLE NAME STREET ADD STREET ADD	RESS	when reinstating) OATE	D DIRECTO	DRS IN 12
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SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or privided name of registered apportunities of the PRESIDENT RICHARD VALVES (7160 NW) 2ND STATE HIAHI, FL 3316	ent and site if applicable ND DIRECTORS	(NOTE Registers 13 DELETE 1.1 12 13 14 DELETE 21 22 23 24 DELETE 3.1 32	Agent aign 3.  TITLE NAME STREET ADD CITY-ST-ZP TITLE NAME STREET ADD CITY-ST-ZF TITLE	RESS	when reinstating) OATE	D DIRECTO	DRS IN 12 Addition
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	Signature, typed or privided name of registered apportunities of the PRESIDENT RICHARD VALVES (7160 NW) 2ND STATE HIAHI, FL 3316	and and title if sophicable ND DIRECTORS	(HOTE Register   13   13   14   15   15   15   16   16   16   16   16	Agent sign  TITLE  NAME  STREET ADD  CITY-ST-ZP  TITLE  NAME  STREET ADD  CITY-ST-ZF  TITLE  NAME  STREET ADD  CITY-ST-ZF  TITLE  NAME	RESS	when reinstating) OATE	D DIRECTO Change	ORS IN 12 Addition Addition
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or privated name of registered age OFFICERS AI PRESIDENT RICHARD VA MES 17160 NW 2ND CH HIAHI, FL 3316	and and title if sophicable ND DIRECTORS	(HOTE Register   13   13   14   12   13   14   15   15   15   15   15   15   15	Agent light  TITLE  NAME  STREET ADD  CITY-ST-ZP  TITLE  NAME  STREET ADD  CITY-ST-ZF  TITLE  NAME  STREET ADD  CITY-ST-ZF  CITY-ST-ZF  CITY-ST-ZF  CITY-ST-ZF  CITY-ST-ZF	RESS RESS RESS	when reinstating) OATE	D DIRECTO Change	ORS IN 12 Addition Addition Addition
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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 estachment with amaddress, with all other like empowered.

**6.3 STREET ADDRESS** 

8.4 CITY- ST-2P

SIGNATURE:

NAME

STREET ADDRESS

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90033 027 \*\*\*150.00

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