FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00						
•	PROFIT	FLORIDA DEPAR	RTMENT OF STATE			
	RPORATION JAL REPORT	÷78	ne Harris y of State			
	1999	1.7	ORPORATIONS	FILED		
DOCU	MENT # P98000	07023Q				
1. Corporation	OVANCED KART	NG TECHNOL	NX TAL	99 NOV 22 AM 8: 46		
11	DAMAGER	LCANOL	SEURETANT UF STATE TALLAHASSEE, FLORIDA			
					4	
Principal Place		Mailing Address				
	SW 16 COURT	CAME	DO NOT WRITE IN TH	S SPACE		
FORT C	AUDERBALE, FC 33315	SAME		3. Date Incorporated or Qualifed		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0864100	Not Applicable	
Suite, Apl	#, <b>C</b> IC	Suite, Apt #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State 23	e:	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year la	ntangible	
24	25 9. Name and Address of Current	· +	30]	Personal Property Tax. 10. Name and Address of New Registered	IAgent	
			81 Name	ANIEL BARCY		
82 Street Address (P.O. Box Number is Not Acceptable) 12253 GLEMMDRE OR						
	83					
			84 City	AL SPRINGS FI	85 Zip Code	
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 redistered agent a OFF ICERS AND	title if applicable (NOTE	Registered Agent signature required	When reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		
12. TITLE	PRESIDENT	DELETE	1.1 TITLE		ND DIRECTORS IN 12	
NAME STUDIA ADDIVIDUOL	JEFFLET J. HUDLET 344 WEST PARK	DRIVE	1.2 NAME 1.3 STREET ADDRESS		5	
STREET ADORESS CITY-ST-ZIP	a A A AA. A /	1 777.1	1.4 CITY-ST-ZIP		R2E034	
TITLE	VICE PRELIDENT DANIEL J. BARLY 12353 GLENINORE		2.1 TITLE 2.2 NAME		Change Addition O	
NAME STREET ADORE \$3	12253 GLENILORE (	K.	2.3 STREET ADDRESS	500003059	2351	
CITY-ST-ZIP	CORAL SPRINGS, FL	3 3071	2.4 CITY-ST-ZIP 3.1 TITLE			
TITLE NAME			3.1 ITLE 3.2 NAME	****150.00	****150-00	
STREET ADDRESS			3.3 STREET ADDRESS 3.4. CITY- ST-ZIP			
CITY-ST-ZH TIRLE			4.1 TITLE		Change Addition	
NAME			4.2 NAME			
STREET ADORESS CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TI'LE			5.1 TITLE 5.2 NAME		Change Addition	
NAME STREELADORESS			5.3 STREET ADDRESS			
CHTY-ST-ZH			54 CITY-ST-21P 61 TITLE		Change Addition	
TITLE NAME			62 NAME		SP	
STREET ADDRESS			6.3 STREET ADDRESS 6.4 City-St-Zip		•	
<ul> <li>14. I hereby certify that the information supplied with this filing does not qualify for the examption 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 interval is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an interval is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an interval is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an interval is 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 interval is 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 interval is 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 interval is the information is th</li></ul>						
officer or director of the corporation or the receiver or trustee empowered to execute this repuire strain reve the same legal effect as in that that my name appears in Block 12 or Block 13 if changed, or on an attachment with appedress, with all other like empowered.						
SIGNATURE: AS ANIEL J. BARGY 11-15-99 454-483-5278						

WOLFSON AND ASSOCIATES, P.A. CERTIFIED PUBLIC ACCOUNTANTS 130 SOUTH UNIVERSITY DRIVE, SUITE D PLANTATION, FLORIDA 33324 PHONE: (954) 475-8670 FAX: (954) 475-8788 E-MAIL: WOLFSONASSOC@AOL.COM

October 12, 1999

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

REF: Advanced Karting Technology, Inc. 206 S.W. 16th Ct. Ft. Lauderdale, FL 33315

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P98060078236

FEIN# 65-0864100

Dear Sir/Madam

Please be advised that the above mentioned corporation has not received it's 1999 Corporate Annual Report. The annual report was sent to an incorrect address and was never forwarded to the correct one.

Please accept this check in the amount of \$150.00 as full payment for the 1999 Corporate Annual Report and abate all late filing fees.

Please note the correct address of the corporation for your records.

Thank you in advance for your cooperation in this matter and if we can be of any further assistance please don't hesitate to contact our office.

Sincerely yours,

Mark Wolfson Certified Public Accountant

enclosures

cc: Advanced Karting Technology