

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

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Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90078 018 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000080090

1. Corporation Name
T. AND T. MOTORSPORTS, INC.



Principal Place of Business 2699 W. 79TH ST., UNIT #2 HIALEAH FL 33016	Mailing Address 2699 W. 79TH ST., UNIT #2 HIALEAH FL 33016
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/11/1998

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	30
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4. FEI Number 65-0868921	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

CARLSON, DAVID LEE ESQ
8180 N.W. 36TH ST., STE. 100
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name MICHAEL P. TOEMMES
82 Street Address (P.O. Box Number is Not Acceptable) 2699 W. 79TH ST. UNIT #2
83
84 City HIALEAH
85 State FL
86 Zip Code 33016

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: Michael P. Toemmes (Pres) Michael Toemmes March 31, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating.) DATE

12. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> DELETE
NAME TUNING, JAMES	
STREET ADDRESS 2699 W. 79TH ST., UNIT #2	
CITY-ST-ZIP HIALEAH FL 33016	
TITLE PRESIDENT ID	<input type="checkbox"/> DELETE
NAME MICHAEL P. TOEMMES	
STREET ADDRESS 1247 SW 12TH ST.	
CITY-ST-ZIP MIAMI FL 33135	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME TUNING JAMES	
1.3 STREET ADDRESS 2699 W. 79TH ST. UNIT #2	
1.4 CITY-ST-ZIP HIALEAH, FL 33016	
2.1 TITLE PRESIDENT ID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME MICHAEL P. TOEMMES	
2.3 STREET ADDRESS 1247 SW 12TH ST.	
2.4 CITY-ST-ZIP MIAMI FL 33135	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: Michael P. Toemmes March 31, 1999 305-821-0176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)