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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000094889

1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

-STEVRON PERFORMANCE ENGINEERING, ING.

Country

25

RIETH MOTORSPORTS, Inc.

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

29

Mailing Address Principal Place of Business 951 SE CENTRAL PARKWAY 951 SE CENTRAL PARKWAY STUART FL 34994 STUART FL 34994

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualifed 11/06/1998

4. FEI Number Applied For Not Applicable \$8.75 Additional П Fee Required

FILED Mar 06, 1999 8:00 am

Secretary of State

03-06-1999 90103 033 ***150.00

DO NOT WRITE IN THIS SPACE

\$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 8. This corporation owes the current year Intangible

□No Personal Property Tax. 10. Name and Address of New Registered Agent

RIETH, RONALD J MR. Street Address (P.O. Box Number is Not Acceptable) 82 951 SE CENTRAL PARKWAY STUART FL 34994 83 Zip Code 85 RA. City

Country

30

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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 PESIDENT ☐ Change DELETE 1.1 TITLE TITLE 1.2 NAME NAME STRIAL AVE 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE TITLE 2.1 TITLE 2.2 NAME NAME WY 2.3 STREET ADDRES STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE Change DELETE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 reports 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 attacknowledge with an address, with an other like empowered.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)