

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

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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S06960** (6)

1. Corporation Name
RACING COLLECTIBLES, INC.

Principal Place of Business 2401 W. 1ST ST. TEMPE AZ 85281	Mailing Address 2401 W. 1ST ST. TEMPE AZ 85281-2329
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/09/1990	3a. Date of Last Report 09/17/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3033095	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP WAGENHALS, FRED W. 2401 W. 1ST ST. TEMPE AZ 85281	1.1 TITLE	OCP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEICHT, RUSSELL	2.2 NAME	
STREET ADDRESS	2401 W. 1ST ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	TEMPE AZ 85281	2.4 CITY - ST - ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	OVT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESING, CHRISTOPHER S.	3.2 NAME	
STREET ADDRESS	2401 W. 1ST ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	TEMPE AZ 85281	3.4 CITY - ST - ZIP	
TITLE	VP/D <input type="checkbox"/> DELETE	4.1 TITLE	DSV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGENHAL, TOD J.	4.2 NAME	
STREET ADDRESS	2401 W. 1ST ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	TEMPE AZ 85281	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	LLOYD, JACK M
STREET ADDRESS		5.3 STREET ADDRESS	2401 W 1ST ST.
CITY - ST - ZIP		5.4 CITY - ST - ZIP	TEMPE, AZ 85281
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	MANSCHOT, ROBERT H
STREET ADDRESS		6.3 STREET ADDRESS	2401 W 1ST ST.
CITY - ST - ZIP		6.4 CITY - ST - ZIP	TEMPE, AZ 85281

14. I do hereby certify that the information submitted 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 recorder 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)