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

PROFIÝ CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90062 041 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S29262 1. Corporation Name

SCOTT FINLAY MOTORSPORTS CORP.

Principal Place of Business Mailing Address					. I (Salidia ita ilaia iaita tinia sima ita ata	(4 6)6-) 61611 61611 61611 61611 61611
5752 PROGRESS RD 5752 PROGRESS		5752 PROGRESS RD				
S MIAMI FL 33143 S MIA		S MIAMI FL 33143	MIAMI FL 33143		DO NOT WRITE IN TH	IS SPACE
					3. Date Incorporated or Qualifed	
					02/04/1991	
Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
-1 · · · · · · · · · · · · · · · · · · ·		— ·			65-0239133	Not Applicable
21 26 Suite, Apt. #, etc.			Suite, Apt. #, etc.		*1	\$8.75 Additional
27					5. Certifcate of Status Desired	Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip Country		Zip	Zip Country		8. This corporation owes the current year	
24	25	29	30		Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registere	ed Agent
			81	Name	•	
FINLAY, SCOTT			82	Street Ad	Idress (P.O. Box Number is Not Acceptable)	:1
	O SW 147 PL				<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
MAN	MI FL 33185		83			
)	84	City	্তি কৰি চিন্দাৰ কৰিছে	85 Zip Côde
		/	1	" "	propration submits this statement for the purpose ation's board of directors. I hereby accept the app	L
SIGNATURE	Signature, types or printed name of registered ag	ent and title if applicable. (NOTE: ND DIRECTORS	Registered Ager	nt signature requ	DATE ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	FINLAY, SCOTT		1.2 NAME	}	•	¥
STREET ADDRESS	5752 PROGRESS RD		1.3 STREET	TADORESS		•
CITY-ST-ZIP	S MIAMI FL		1.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREE	T ADDRESS		
CITY-ST-ZIP			2.4 CITY-5	ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		•	☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS	' '		3.3 STREE	TADORESS		
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		Changa Addition
TITLE		☐ DELETE	4.1 TITLE		ા કર્યા છે. માટે કર્યા છે. માટે માને માને માને માને માને માને માને માન	Change Addition
NAME			4. 2 NAME			t
STREET ADDRESS	1			T ADDRESS		
C/TY-ST-ZIP		F1 -+,	4.4 CITY-S	T-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
TITLE		OÉLETE	5.1 TITLE			Change Addition
NAME			5.2 NAME	T 4 DODG 22		: •
STREET ADDRESS	_			T ADDRESS		
CITY-ST-ZIP		□ BCLETC	5.4 CITY-S 6.1 TITLE	11-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	6.2 NAME	-		
NAME	÷		1	TADDDESS		
STREET ADDRESS	i		0.3 5 I KEE	TADDRESS		

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 frustee enfowered 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 an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

WED NAME OF SIGNING OFFICER OR DIRECTOR

3056616479