SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S41123

(8)

Principal Place of Business

1969 OLD DAYTONA ROAD

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23 Zip 24

DAYTONA BEACH FL 32124-6554

2a. Mailing Address

City & State

27

Suite, Apt. #, etc.

PARDUS RACING, INC.

Mailing Address 1969 OLD DAYTONA ROAD DAYTONA BEACH FL 32124-6554

FILED Aug 25 1997 8:00am Secretary of State



	28				t Fund Contrib			Added to Fees	
Country 25	Zip 29	Coun	lry			wes or has paid Tax due June 3		nt year Intangible Yes \[\] No	
Name and Address of Cu	rrent Registered Agent			10. Nan	ne and Addres	ss of New Reg	Istered Ag	ent	
RSON, RONALD F.		8	1 Name	RON	F	AND	Erson	/_	
HALIFAX AVENUE			2 Street	eet Address (P.O. Box Number is Not Acceptable)					

W Cranada

ANDE DAYTONA BEACH FL 32118

	84	City	ORMend	Buh	FL 85	Zip Code 32174
1.	Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above					
	office or registered agent, or both, in the State of Florida. Such change was authorized by		orporation's board	of directors. I here	eby accept the appointme	int as registered
	eacht Lem temilier with and eccent the obligations of Section 607.0505. Florida Statutes	5				-

•		•			
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE D	Registered Agent signature	required when reinstating) DATÉ	
12.	OFFICERS AND DIRECTORS	(4511.11	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 12
TITLE	D	DELETE	1.1 TITLE	Change	Addition
NAME	PARDUS, DANIEL L.		1.2 NAME		
STREET ADDRESS	1969 OLD DAYTONA RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		1.4 CITY-S1-ZIP		
TITLE		DELETE	2.1 TITLE	☐ Change	Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-7IP		
TITLE		DELETE	3 1 TITLE	Change	Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	Change	Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE	Change	Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 THYLE	☐ Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

14. Too 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 comparation 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.