

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V35054** (8)

1. Corporation Name

RACING WORLD, INC.



Principal Place of Business

**5770 W. IRLOBRONSON MEMORIAL HIGHWAY
SUITE 200
KISSIMMEE FL 34746**

Mailing Address

**5770 W. IRLOBRONSON MEMORIAL HIGHWAY
SUITE 200
KISSIMMEE FL 34746**

2. Principal Place of Business

21 Suite Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address

26 **3551 13th ST.**
27 Suite Apt. #, etc.
28 **ST. CLOUD FL.**
29 **34767**
30 **OSCEOLA**

3. Date Incorporated or Qualified
05/07/1992

3a. Date of Last Report
03/14/1995

4. FEI Number

59-3123019

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**HAWKINS, BILL
5770 W. IRLOBRONSON MEMORIAL HIGHWAY
SUITE 200
KISSIMMEE FL 34746**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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

(Signature of Bill Hawkins)

(Typed Name of Bill Hawkins)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
2. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
3. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
4. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
5. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
6. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
2. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
3. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
4. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
5. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
6. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.06(9)(b), 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.

SIGNATURE: **Bill Hawkins**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BILL HAWKINS

3-26-96

(407) 397-2663

CR2E034 (12/95)