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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

V49268

(8)

RISING STAR RACING, INC.

| Principal Place of Business Mailing Address | | | | | | | | I HODIA DÜLEH DIDAD HOLD HALE DI | (D) (D)E 0)D)) | | | |
|---|---|------------|---------------------------------------|---|---------------|---------------|-------------|--|-------------------|------------------|---|--|
| 1810 BRIARCLIFF RD. 1810 BR | | | |) Briarcliff Rd. Ter Park Fl 32792 | | | | | | | | |
| | | | | _ | | | | 3. Date Incorporated or Qualified 07/06/1992 | 3a. Date | of Last 04/28 | | |
| 2. Principal Place of Business | | | 2a. Mailing Address | | | | | 4. FEI Number | | | Applied For | |
| 21 | | | 26 | | | | | 59-3177797 | | | Not Applicable | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired \$8.75 Additional | | | | |
| City & State | | | City & Stato | | | | | Fee Required 6. Election Campaign Financing \$5.00 May Re | | | | |
| 23 | | | 8 | | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | | |
| Ζ φ | Country | | Zip Country | | | ••••• | | 8. This corporation has liability for intangible tax under s 199.032, | | | | |
| 24 | 25 | 29 | 30 | | | | | Florida Statutes Yes No | | | | |
| 9, Name and Address of Current | | | | | | | | 10. Name and Address of New Registered Agent | | | | |
| 2412 | 11000000 / 00.41 00.4 | | | | 81 | Name | | | | | | |
| Daugherty, Ralph 1810 Briarcliff Rd. Winter Park Fl 32792 | | | | | 82 | Street | Addres | Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | | | 83 | · | | | | | | |
| | | | | | 63 | | | | | | | |
| | | | | | 84 | City | -,, | | E 1 | 85 | Zip Code | |
| 11. Pursuant to | o the provisions of Sections 607.05 | 02 and 607 | .1508. Florida Statu | tes, the at | DOVE-F | named o | orporati | on submits this statement for the purp | onse of cha | nging it: | s registered office | |
| or registere | ed agent, or both, in the State of Fic h, and accept the obligations of, Se | riga. Such | change was authore | zed by the | corp | oration's | board | of directors. Thereby accept the appo | intment as | register | ed agent. I am | |
| SIGNATURE _ | | | | *************************************** | | ,, | | 150 | | | <u></u> | |
| · | Signature, typed or printed name of registered ago OFFICERS A | | | ******** | | t signature i | required wi | hen reinstang) | DATE OF DO AND | DIDEC | TODE IN 10 | |
| 12. | b Orrochs A | IND DIDEC | [] DELETE | 13 | TITLE | | T | ADDITIONS/CHANGES TO OFFI | <u>-</u> | Change | | |
| NAME | DAUGHERTY, RALPH | | | | NAME | | | | L. | | , C Noomon | |
| STREET ADDRESS | 1810 BRIARCLIFF RD. | | | | | ADDRESS | | | | | | |
| CITY - ST - ZIP | WINTER PARK FL | | | | CITY-S | | | | | | | |
| TITLE | | | DELETE | | TITLE | | | | | Change | e 🔲 Addition | |
| NAME | | | | 2.2 | NAME | | | | | | | |
| STREET ADDRESS | | | | 23 | STREET | AODRESS | | | | | j | |
| CITY - S1 - ZIP | | | | 2.4 | CITY-S | I - 712 | | <u>.</u> | | | | |
| TITLE | | | DELETE | 3. 1 | TOLE | | ļ | | |] Change | e 🔲 Addition | |
| NAME | | | | 3.2 | NAME | | | | | | | |
| STREET ADDRESS | | | • | 3.3. | STREET | ADDRESS | | | | | | |
| CITY - S1 - ZIP | | | FTI DELETE | | CITY-S | I-7IP | | | | 7.0 | | |
| TOLE | | | []] DELETE | | TITLE | | | | Į |] Change | e 🔲 Addition | |
| NAME OTOEK LADDOEDS | | | | 4 | NAME | | | | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | | | |
| CHTY-\$1-7IP THILE | | | [] DELETE | | CITY-S | I-ZIP | | | | Change | Add tion | |
| NAME | | | E,j octure | | TITLE NAME | | | | L | T ensuge | | |
| STREET ADDRESS | | | | | | ADORESS | | • | | | | |
| CITY-ST-ZiP | | | | | | | | | | | | |
| TITLE | TOTAL COLOR | | [] DECETE | | CHY-S' | - ZIF | | | |] Change | Addition | |
| NAME | | | hand | | NAME | | | | L., | J. Wingo | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | DiTY-SI | | | | | | | |
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 13 if changed, or on an attachment with a address.

SIGNATURE: ITALPH

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4-4-96 407 6718652

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