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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V55352

(1)

Mailing Address

RACER WALSH/DECAL SHOP, INC.

FILED
Apr 15 1998 8:00am
Secretary of State



1849 FOSTER OR JACKSONVILLE FL 32216 US			1849 FOSTER DR JACKSONVILLE FL 32216 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/31/1992			
2. Principal Place of Business			2a. Malling Address				4. FEI Number Applied Fo			Applied For Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired See Required			
City & State			City & State			Election Campaign Financing Trust Fund Contribution	nancing \$5.00 May Be			
Zip 24	Cour 25		Zip 1	Count	ry		This corporation owes or has pa Personal Property Tax due June	id the curr		
	9. Name and Add	rese of Current Reg	Istered Agent				10. Name and Address of New Ro	gistered A	gent	
W	ALSH, GERALD W.				11	Name				
1849 FOSTER DR JACKSONVILLE FL 32216				8	2	Street Add	ddress (P.O. Box Number is Not Acceptable)			
	CHOOMINGE PE SE	210		8	3					
				8	4	City			85 Zi	p Code
11. Pursuant office or ragent. I a	to the provisions of Se registered agent, or bo im familiar with, and ac	ections 607.0502 and th, in the State of Flo coept the obligations	607.1508, Florida Statorida. Such change was of, Section 607.0505, I	utes, the abo s authorized Florida Statut	by es	-named co the corpora	rporation submits this statement for the pation's board of directors. I hereby acce	ourpose of ot the appo	changing cintment	lts registered as registered
SIGNATURE	2									
12.	Signature, typed or printed na	OFFICERS AND DIR		TE: Registered A	ger	it signature requ	ulred when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DIDEAT	ODC IN 40
TITLE	P	OFFICERS AND DIN	DELETE	1.1 TITU	_		ADDITIONS/CHANGES TO OFFIC		Chano	
	WALSH, GERAL	n w		1					L CHANG	a La Addition
NAME	14647 ISLAND I			1.2 NAM						
STREET ADDRESS CITY - ST - ZIP	JACKSONVILLE			1.3 STRE 1.4 CITY		ADORESS ZIP	•			
TITLE			☐ DELETE	2.1 TITL	:				Chang	e Addition
NAME				2.2 NAM	E					
STREET ADDRESS				2.3 STRE	ET /	ADORESS				
CITY - ST - ZIP				2. 4 CITY	/-SI	T-ZIP		, M.		
TITLE			DELETE	3.1 TITU					Chang	e Addition
NAME			_	3.2 NAM					_ •	
STREET ADDRESS					_	ADDRESS				
CITY-ST-ZIP				3.4. Cm						
TITLE			DELETE	4.1 TITLE)-ZIF			Chano	e Addition
NAME			PECCIF	4.2 NAM				Į.		
STREET ADORESS						ADDRESS				
CITY-SI-ZIP			☐ DELETE	4.4 City	_	-ZIP			Ther-	e Addition
TITLE			☐ bereit	5.1 TITLE					Chang	e ["] Addition
NAME				5.2 NAM						
STREET ADDRESS				5.3 STRE	ET A	ADDRESS				
CITY-ST-ZIP				5.4 City		-ZIP	·			
TITLE			☐ DELETE	6.1 TITLE	•]			☐ Chang	e Addition
NAME				6.2 NAM	E					
STREET ADDRESS				6.3 STRE	ET #	ADDRESS				
CITY-ST-7IP				64.007	. 57	-710				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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 a attachment with an address.

SIGNATURE:

Gundal W. Walete

3/10/98

914.721-2289

XZE034 (1097)