SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** Sandra B Mortham CORPORATION ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # (5)DWARF CAR RACING ASSOCIATION EAST, INC. Principal Place of Business Maling Address 120 W CARROLL ST 120 W CARROLL ST KISSIMMEE FL 34741 KISSIMMEE FL 34741 3a. Date of Last Report 3. Date Incorporated or Qualified 07/11/1995 10/12/1992 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-3148369 26 21 \$8.75 Additional Suite, Apl. #, etc 5. Certificate of Status Desired Suite, Apt #, etc Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032. Country Country Zip Yes 🔲 No Florida Statutes 30 29 25 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BRUNSON, FRED O Street Address (P.O. Box Number is Not Acceptable) 120 W. CARROLL ST. KISSIMMEE FL 34741 83 Zip Code 85 84 City 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, 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. DAIL (NOTE: Registered Agent signature required when reinstrong) SIGNATURE Signature, typest or princed name of registered agent and title if applicable (96/E)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. t 1 Title DELETE TITLE 1.2 NAME BRUNSON, FRED NAME 13 STREET ADDRESS 120 W. CARROLL ST. STREET ADDRESS 1 4 C(11Y - ST - Z)P KISSIMMEE FL CITY-ST-ZIP Change Addition 2.1 THILE DELETE TITLE 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST ZIP Change Addition CITY - ST - ZIP DELETE 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CHTY - \$1 - ZIP Change Addition CITY-ST-7P DELETE 4 1 Tiflé THILE 4 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 44 CiTY-ST-ZiP Change Addition CITY-ST-ZIP DELETE 5 1 THLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 61 TITLE THLE 62 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS

14. I do hereby certify that the information supplied with this fling 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-96 407-847-3716

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