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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000004337

1. Corporation Name
R.A.C.E.TEAM INC.

Principal Place of Business
1 MIDWAY CT
OCALA FL 34472

Mailing Address
1 MIDWAY CT
OCALA FL 34472



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	8891 SE 90 TH AVE RD	26	8891 SE 90 TH AVE RD	07/28/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0853645	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23	OCALA	28	OCALA	\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24	FL34474 USA	29	FL34474 USA	30	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
EDDINGS, MICHAEL P 8 LINDA RD BHR OKEECHOBEE FL 34974				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			
				85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	P MC DOUGALL, RAFFERTY B
STREET ADDRESS		1.3 STREET ADDRESS	8891 SE 90 TH AVE RD
CITY-ST-ZIP		1.4 CITY-ST-ZIP	OCALA, FL 34474
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	D EDDINGS, MICHAEL P
STREET ADDRESS		2.3 STREET ADDRESS	8 LINDA RD BHR
CITY-ST-ZIP		2.4 CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	D THOMPSON, MARK A
STREET ADDRESS		3.3 STREET ADDRESS	11511 SE 54 TH AVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	BELLVIEW, FL 34420
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	D MC DOUGALL, RUARI P
STREET ADDRESS		4.3 STREET ADDRESS	GETRIBIDEMARKT 3/22
CITY-ST-ZIP		4.4 CITY-ST-ZIP	A1060, VIENNA, AUSTRIA
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/15/99 (352) 861 3775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)