

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000032211 (2)**

1. Corporation Name
CIGARETTE RACING TEAM, INC.



Principal Place of Business: **3131 N.E. 188 STREET, 201 S. BISCAYNE BLVD., SUITE 2400, NORTH MIAMI BEACH FL 33180 US**
Mailing Address: **C/O SAMUEL C. ULLMAN, 201 S. BISCAYNE BLVD., SUITE 2400, MIAMI FL 33131**

3. Date Incorporated or Qualified: **04/28/1994** 3a. Date of Last Report: **03/28/1995**
4. FEI Number: **65-0489926** 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

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ULLMAN, SAMUEL C
201 S. BISCAYNE BLVD.
SUITE 2400
MIAMI FL 33131**

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 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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: DC	<input type="checkbox"/> DELETE	1.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: TORTER, ROBERT E		1.2 NAME: _____	
STREET ADDRESS: 3131 NE 188 STREET		1.3 STREET ADDRESS: _____	
CITY-ST-ZIP: NORTH MIAMI BEACH FL		1.4 CITY-ST-ZIP: _____	
TITLE: P	<input type="checkbox"/> DELETE	2.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BARRIE, CRAIG		2.2 NAME: _____	
STREET ADDRESS: 3131 NE 188 STREET		2.3 STREET ADDRESS: _____	
CITY-ST-ZIP: NORTH MIAMI BEACH FL		2.4 CITY-ST-ZIP: _____	
TITLE: S	<input type="checkbox"/> DELETE	3.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ULLMAN, SAMUEL C		3.2 NAME: _____	
STREET ADDRESS: 201 SOUTH BISCAYNE BLVD., STE. 2400		3.3 STREET ADDRESS: _____	
CITY-ST-ZIP: MIAMI FL		3.4 CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	4.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		4.2 NAME: _____	
STREET ADDRESS: _____		4.3 STREET ADDRESS: _____	
CITY-ST-ZIP: _____		4.4 CITY-ST-ZIP: _____	
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: _____	

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**ASB
5-1-96**

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 12 or Block 13, if changed, or on an attachment with all addresses.

SIGNATURE: *Robert E. Torter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ROBERT E. TORTER**

Date: **April 22, 1996** Filing Fee: **305.981 4564**

CR2E034 (12/95)