

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # 559262 (1)

1. Corporation Name
C.H.S. RACING ENGINES, INC.

95 MAY -1 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
7650 SILVER SANDS DRIVE WEST MELBOURNE FL 32904

DO NOT WRITE IN THIS SPACE.

| | | | |
|---|--|---|--|
| 3. Date Incorporated or Qualified 02/08/1978 | | 3a. Date of Last Report 04/29/1994 | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | |
| 4. FEI Number 59-1823810 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | | |
|---|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent PICA, RICHARD 7650 SILVER SANDS DRIVE WEST MELBOURNE FL 32904 | | | | 10. Name and Address of New Registered Agent | |
| | | | | 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 registering) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------|---|---|
| TITLE | PO | 1 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PICA, RICHARD | 1 2 NAME | |
| STREET ADDRESS | 4052 ARCHER LANE | 1 3 STREET ADDRESS | |
| CITY - ST - ZIP | MELBOURNE FL | 1 4 CITY - ST - ZIP | |
| TITLE | ST | 2 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PICA, MARILYN | 2 2 NAME | |
| STREET ADDRESS | 4052 ARCHER LANE | 2 3 STREET ADDRESS | |
| CITY - ST - ZIP | MELBOURNE FL | 2 4 CITY - ST - ZIP | |
| TITLE | | 3 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3 2 NAME | |
| STREET ADDRESS | | 3 3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3 4 CITY - ST - ZIP | |
| TITLE | | 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 | | 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 | | 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 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 an address.

SIGNATURE: *Marilyn Pica* *MARILYN PICA* 4/27/95 407-728-7650
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Type in Block 2)