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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F62748** (1)

1. Corporation Name

**MOROSO MOTORSPORTS PARK, INC.**



Principal Place of Business

**17047 BEELINE HWY  
PALM BEACH GARDENS FL 33410  
US**

Mailing Address

**P.O. BOX 31907  
PALM BEACH GARDENS FL 33420  
US**

3. Date Incorporated or Qualified  
**12/28/1981**

3a. Date of Last Report  
**03/31/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOFFMAN ALLAN L  
1610 SOUTHERN BLVD  
SUITE 800  
W PALM BEACH FL 33406**

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**DP  
MOROSO, RICHARD D  
1031 GULFSTREAM WAY  
RIVERA BCH. FL**

1.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS

1.2 NAME  
1.3 STREET ADDRESS

CITY - ST - ZIP

1.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS

2.1 TITLE ☐ Change ☐ Addition

CITY - ST - ZIP

2.2 NAME  
2.3 STREET ADDRESS

TITLE ☐ DELETE

NAME  
STREET ADDRESS

3.1 TITLE ☐ Change ☐ Addition

CITY - ST - ZIP

3.2 NAME  
3.3 STREET ADDRESS

TITLE ☐ DELETE

NAME  
STREET ADDRESS

4.1 TITLE ☐ Change ☐ Addition

CITY - ST - ZIP

4.2 NAME  
4.3 STREET ADDRESS

TITLE ☐ DELETE

NAME  
STREET ADDRESS

5.1 TITLE ☐ Change ☐ Addition

CITY - ST - ZIP

5.2 NAME  
5.3 STREET ADDRESS

TITLE ☐ DELETE

NAME  
STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition

CITY - ST - ZIP

6.2 NAME  
6.3 STREET ADDRESS

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 in 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-96 (407) 622-1400

CR2E034 (12/95)