

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathias
Secretary of State
1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 PM 3:17

DOCUMENT # F94000000678 (2)

1. Corporation Name
LOS GATOS CIRCUITS, INC.

Principal Place of Business
2000 FORTUNE DR., STE. A
SAN JOSE CA 95131

2. Date of Incorporation/Reincorporation: **02/10/1994**
3a. Filing Date and Report: **02/10/1994**
4. FIC Number: **77-0058265**
5. Certificate of State: 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 § 199.032, Florida Statutes Yes No

21. Principal Place of Business
22. State, Apt #, etc.
23. City & State
24. Zip
25. Country

9. Name and Address of Current Registered Agent
LUCHTE, ALBERT
~~455 ALTERNATE 10, APT. 146~~
6409 WESTGATE DR.
PALM HARBOR FL 34682
ORLANDO, FL
#213
32835

10. Name and Address of New Registered Agent
81. Name: **ALBERT LUCHTE**
82. Street Address (P.O. Box Number is Not Acceptable): **6409 WESTGATE DR, #213**
83. City: **Orlando**
84. City: **Orlando**
85. Zip Code: **FL 32835**

11. Pursuant to the provisions of Sections 607.0402 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 officer/familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS

11.1 TITLE	P
11.2 NAME	BOWEN, MIKE
11.3 STREET ADDRESS	521 VISTA RIDGE DR.
11.4 CITY, ST, ZIP	MILPITAS CA 95035
11.5 TITLE	V
11.6 NAME	JEHNSEN, CHRIS
11.7 STREET ADDRESS	3580 PEAK DR.
11.8 CITY, ST, ZIP	SAN JOSE CA 95127
11.9 TITLE	
11.10 NAME	
11.11 STREET ADDRESS	
11.12 CITY, ST, ZIP	
11.13 TITLE	
11.14 NAME	
11.15 STREET ADDRESS	
11.16 CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	
12.3 STREET ADDRESS	
12.4 CITY, ST, ZIP	
12.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME	
12.7 STREET ADDRESS	
12.8 CITY, ST, ZIP	
12.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, ST, ZIP	
12.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY, ST, ZIP	

14. I, the filer, certify that the information provided with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.041, Florida Statutes. I further certify that the information included on this report is true and correct, 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 have been empowered to execute this report as required by Chapter 197, Florida Statutes, and that my name appears in Block 12 of this report.

SIGNATURE: *Chris Jehnsen*
SIGNATURE AND TYPE IN THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHRIS Jehnsen

2/10/95 408/456-0969