

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J24048 (7)
1. Corporation Name
N & S MOTORSPORT PARTS AND ACCESSORIES, INC.



Principal Place of Business Mailing Address
C/O STUART VILLARS C/O STUART VILLARS
232 DAVIS ROAD 232 DAVIS ROAD
PALM SPRINGS FL 33461 PALM SPRINGS FL 33461-1903

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 235 Peruvian Ave.		26 235 Peruvian Ave.		07/15/1986	04/17/1996
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 Palm Beach FL		28 Palm Beach FL		59-2701665	Not Applicable
24 33480 25 USA		29 33480 30 USA		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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

VILLARS, STUART
232 DAVIS ROAD
PALM SPRINGS FL 33461

10. Name and Address of New Registered Agent

81 Name Stuart Villars
82 Street Address (P.O. Box Number is Not Acceptable) 235 Peruvian Ave.
83
84 City Palm Beach FL 85 Zip Code 33480

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]

(NOTE: Registered Agent signature required when reinstating)

4/9/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	PTD
NAME	VILLARS, STUART	1.2 NAME	Villars, Stuart
STREET ADDRESS	232 DAVIS ROAD	1.3 STREET ADDRESS	235 Peruvian Ave.
CITY-ST-ZIP	PALM SPRINGS FL	1.4 CITY-ST-ZIP	Palm Beach, FL 33480
TITLE	VSD	2.1 TITLE	VSD
NAME	VILLARS, NANCY	2.2 NAME	Villars, Nancy
STREET ADDRESS	232 DAVIS ROAD	2.3 STREET ADDRESS	235 Peruvian Ave.
CITY-ST-ZIP	PALM SPRINGS FL	2.4 CITY-ST-ZIP	Palm Beach, FL 33480
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/97 561-659-6620

CR2E034 (9/96)