FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT** # J24048 (7) N & S MOTORSPORT PARTS AND ACCESSORIES, INC. . | 1881/18 8/18 1/8/1 8/8/1 8/8/1 8/8/1 8/8/1 8/8/1 8/8/1 8/8/1 8/8/1 8/8/1 8/8/1 8/8/1 8/8/1 8/8/1 Princ PAL 2. Pr 11. F SIGN 12.

FILED Apr 21 1998 8:00am Secretary of State

| Principal Place | e of Business | Mailing Address | iling Address | | | T LOOPING THIN IS | IS DIER ANNEL NI | | N 8181 PIBN #3\$1 | il Albie 1884 |
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| 235 PERUVIAN AVE PALM SPRINGS FL 33480 US | | 235 PERUVIAN AVE PALM SPRINGS FL 33480 US | | | DO NOT WRITE IN THIS SPACE | | | | | |
| 03 | | 05 | | | 3. Date Incorporated or Qualified | | | | | |
| | | | | | | 07/15/1986 | | | | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | | | At | plied For |
| 21 235 P | ERUYIAN AVE. | 26 SAME AS #2 | | | | 33 ET 0 1003 | | | ot Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of St | atus Desired | | | Additional |
| 22 | | 27 | | | | | · | | | equired |
| City & State | | City & State | | | | 6. Election Campa | - | 9 🗆 | \$5.00 | |
| Zip | BEACH, FL Country | 28 | Cou | intry | | Trust Fund Con 8. This corporation | | | Added 1 | |
| 334 | | | 30 | ,, , | | Personal Prope | | | | angibie No |
| | g, Name and Address of Current | | 1901 | | | 10. Name and Add | | | | AME) |
| VIII | LARS, STUART | | - 4 | 81 N | Name C. | | | | | |
| | PERUVIAN AVE | | | 82 S | | UART VILL | | ntable) | | |
| PALM SPRINGS FL 33480 | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 235 PERUVIAN AVENUE | | | | | | |
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| | | | | 04 | City 12.7a.1 | LM BEACH | | FL | | Code 480 |
| office or re | to the provisions of Sections 607.0502 egistered agent, or both, in the State in m familiar with, and accept the obliga | of Florida. Such change was | authorize | d by the | amed corpo | ration submits this st | atement for t s. I hereby a | he purpose occept the ap | of changing it | s registered |
| SIGNATURE | , - | | | | | | | | | |
| | Signature, typed or profood name of registered agen | | | Agent s | ignature required | d whon reinstating) | | DATE | | |
| 12. | OFFICERS AND | · ···· | 13. | | | ADDITIONS/CHA | NGES TO O | FFICERS AN | | |
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