

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 28 PM 1:36

**DOCUMENT # L08512 (0)**

1. Corporation Name  
**RACEWARE U.S.A., INCORPORATED**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**223 ALTAMONTE COMMERCE BLVD.  
STE. 1006  
ALTAMONTE SPRINGS FL 32714-2550  
US**

Mailing Address  
**223 ALTAMONTE COMMERCE BLVD  
BLDG 1306  
ALTAMONTE SPRINGS FL 32714-2550  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**08/09/1989**

3a. Date of Last Report  
**03/10/1994**

4. FEI Number  
**59-2965094**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution  **\$5.00 May Be  
Added to Fees**

6. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26**

Suite, Apt. #, etc.  
**22**

City & State  
**23**

Zip  
**24**

Country  
**25**

9. Name and Address of Current Registered Agent  
**AMES, GERALD E.  
223 ALTAMONTE COMMERCE BLVD.  
BLDG. 1306  
ALTAMONTE SPRINGS FL 32714**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
**FL** 85. Zip Code

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS

TITLE **D**  
NAME **AMES, GERALD E.**  
STREET ADDRESS **283 NEW WATERFORD PLACE**  
CITY-ST-ZIP **LONGWOOD FL**

TITLE **D**  
NAME **AMES, SANDRA K.**  
STREET ADDRESS **283 NEW WATERFORD PLACE**  
CITY-ST-ZIP **LONGWOOD FL**

TITLE **D**  
NAME **AMES, MICHAEL J.**  
STREET ADDRESS **243 FOXCHASE POINT**  
CITY-ST-ZIP **LONGWOOD FL**

TITLE **D**  
NAME **NELSON, CRAIG M.**  
STREET ADDRESS **10 MAPLE TREE CT**  
CITY-ST-ZIP **ELMHURST IL**

TITLE **D**  
NAME **NELSON, LAURIE K.**  
STREET ADDRESS **10 MAPLE TREE CT**  
CITY-ST-ZIP **ELMHURST IL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 110.07(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 807, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, such as, in conjunction with an address.

SIGNATURE: Gerald E. Ames **2-22-95** **407/774-4006**  
Signature and typed or printed name of signing officer or director