

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 31 AM 11:46

DOCUMENT # L15101 (3)

1. Corporation Name

CREIGHTON AND ASSOCIATES, INC.

Principal Place of Business

C/O PETER G. CREIGHTON
611 E. BROWARD BLVD.
FT. LAUDERDALE FL 33301

Mailing Address

C/O PETER G. CREIGHTON
611 E. BROWARD BLVD.
FT. LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1989

3a. Date of Last Report

04/12/1994

4. FEI Number

65-0142156

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**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 601 S. ANDREWS AVE

2a. Mailing Address

26 601 S ANDREWS AVE

Suite, Apt. #, etc.

22 SUITE 200

Suite, Apt. #, etc.

27 SUITE 200

City & State

23 FT LAUDERDALE FL

City & State

28 FT. LAUDERDALE FL

Zip

24 33301

Country

25 USA

Zip

29 33301

Country

30 USA

9. Name and Address of Current Registered Agent

CREIGHTON, PETER G.
611 E. BROWARD BLVD.
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
601 S ANDREWS AVE

83 SUITE 200

84 City FT LAUDERDALE

FL

85 Zip Code
33301

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	CREIGHTON, PETER G.	1516 SW 5 CT.	FT. LAUDERDALE FL
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	Change	Addition
		148 ISLE OF VENICE	FT. LAUDERDALE, FL 33301	☒	☐
21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY - ST - ZIP	☐	☐
31. TITLE	32. NAME	33. STREET ADDRESS	34. CITY - ST - ZIP	☐	☐
41. TITLE	42. NAME	43. STREET ADDRESS	44. CITY - ST - ZIP	☐	☐
51. TITLE	52. NAME	53. STREET ADDRESS	54. CITY - ST - ZIP	☐	☐
61. TITLE	62. NAME	63. STREET ADDRESS	64. 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 119.07(3)(b), 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 no address.

SIGNATURE:

Peter G. Creighton
Peter G. CREIGHTON

MAR 25, 1995

305 527 9097

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**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 32 PM 12: 53**

DOCUMENT # L16329

(9)

1. Corporation Name

CONTINENTAL RACERS, INC.

Principal Place of Business

**% CARL G. SANTANGELO
3000 N. FEDERAL HWY. BLDG. 2, SUITE 200
FORT LAUDERDALE FL 33306**

Mailing Address

**% CARL G. SANTANGELO
3000 N. FEDERAL HWY. BLDG. 2, SUITE 200
FORT LAUDERDALE FL 33306**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/13/1989

3a. Date of Last Report

08/05/1994

4. FEI Number

65-0148040

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**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**SANTANGELO, CARL G.
3000 NORTH FEDERAL HIGHWAY
BUILDING 2, SUITE 200
FORT LAUDERDALE FL 33306**

10. Name and Address of New Registered Agent

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 fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **SANTANGELO, CARL G.**
STREET ADDRESS **1512 E BROWARD BLVD**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change

☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

☐ Change

☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

☐ Change

☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

☐ Change

☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

☐ Change

☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

☐ Change

☐ Addition

62 NAME

63 STREET ADDRESS

64 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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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:

Carl G. Santangelo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/95

(305) 561-3040

Date

Telephone Number