FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

STREET ADDRESS

SIGNATURE:

CHTY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

N95000003997 (2) DOCUMENT # 1. Corporation Name

POLICE MOTORSPORTS, INC.

Principal Plac	o of Rusiness	14-2							
Principal Place of Business Mailing Address						r en neren den einen meter billet Antit.	PRIIL	10119 10161 1001 109	•
		513 NORTH STATE ROA MARGATE FL 33063	513 NORTH STATE ROAD 7 MARGATE FL 33063						
						3. Date Incorporated or Qualified 08/21/1995	3a. Date of Le	st Report	
2. Principal Place of Business 21 (1881 UNIVERSITY IJK, 26, PO. BCX 9.				36512		4. FEI Number		Applied For Not Applicab	Je Je
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	K SPRINGS FL	City & State 28 MARCA	ΓE	F	;	Election Campaign Financing Trust Fund Contribution		.00 May Be	
24 33C		29 33093	30 <i>B</i>	ntry ROWA	PZI)		tangible tax under Yes 🛭 No		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
DICU F	ALMD I			81 Name	TOHN	SOMMERER			
RICH, DAVID L 513 NORTH STATE ROAD 7				188	Augres	s (P.O. Box Number is Not Acceptable NIVERSITY DRIV	E		
MARGA	TE FL 33063			83					
				84 SAY	e _{Al}	SPRINGS	FI 85	Zip Code	\dashv
11. Pursuant	to the provisions of Sections 617.0502 and red agent, or both, in the State of Florida. S ith, and accept the obligations of, Section (617.1508, Florida Statutes	, the abo	ve-named c	orporation	on submits this statement for the purp	ose of changing it	s registered offi	се
familiar w	ith, and accept the obligations of, Section (517.0503, Plonda Statutes.	I DY ING C	orporation s	o board (of directors. I hereby accept the appoin	ntment as register	ed agent. I am	
SIGNATURE	- Mu million	John	· >	MINE	ren.		2/21/86		
12.	Signature, typed or printed trainer or registered agoint and the OFFICERS AND DI		Registered 13.	Agent signature	required wh		DATE DISTER		_ ୍ର
TILLE	PTD	DELETE	1.1 10	LE	Τ	ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC		CR2E037 (12/95)
NAME	PEGNATARO, FRANKO		1.2 NA					. Magnon	5
STREET ADDRESS	513 NORTH STATE ROAD 7			REET ADDRESS					8
CITY - ST - ZIP	MARGATE FL 33063			Y-ST-ZIP					띬
THILE	VO	DELETE	21717	***	VD		Chang	Addition	뚱
NAME	MCNALLY, TOM	• •	2.2 NA	ME		RGE W. PHIPPS JE.	and outing		
STREET ADDRESS	5301_N.W. 15TH STREET		2.3 ST	REET ADDRESS		10 met. BLVD.			
CITY - ST - ZIP	MARGATE FL 33063			TY-ST-ZIP	MA	RGATE FL 33063			- 1
TITLE	VD	DELETE	3.1 TIT		 		[] Change	Addition	
NAME	LOURAMORE, ADAM	- •	3.2 NA	ME				,	
STREET ADDRESS	5301-N.W. 15TH STREET		3351	REET ADDRESS					
CITY-S1-ZIP	MARGATE FL 33063			TY-ST-ZIP	1				
TITLE	SD	DELETE	4.1 TIT		ASS	T VP	Change	Addition	
NAME	HORN, JEFF		4. 2 NA		1781	F HORN	Section of the sectio	- Linealing	
STREET ADDRESS	5301 N.W. 15TH STREET			REET ADDRESS	PO	BOX 936512			
CITY-ST-ZIP	MARGATE FL 33063			Y-ST-ZIP	mA	RGATE FL 33093	5-10-12-		ı
TITLE		DELETE	5.1 TIT		50	, 6 33073	Change	Addition	
NAME			5.2 NA			TEANN PEGNATARO) Cusuite	TEST MODIFICAL	
STREET ADDRESS				REET ADORESS	00	BOX 936512			
CITY-ST-ZIP				Y-ST-ZIP	mA	REATE FL 33093	3-6512		
TOTLE		DELETE	61 TIT		,,,,,	10010		T 42200	_
NAME			61 111				Change	Addition	

6 3 STREET ADDRESS

6.4 CITY-ST-2IP 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 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if changed, or on an attaching it with an address.