SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

APPROVED
AND
FILED

1997 OCT 13 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1)

NONPROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # N95000003997 (2)

1. Corporation Name

POLICE MOTORSPORTS, INC.

Principal Place of Business	Mailing Address
1881 UNIVERSITY DRIVE CORAL SPRINGS FL 33071 US	P.O. BOX 936512 MARGATE FL 33093 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/21/1995
3a. Date of Last Report: 02/28/1996

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: APPLIED FOR 650634084 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

SOMMERER, JOHN
1881 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 200003232242--3
-10/16/97--01084--004
83 *****61.25 *****61.25
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD PEGNATARO, FRANKO 513 NORTH STATE ROAD 7 MARGATE FL 33063	☐ DELETE ADDRESS CHANGE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PTD PEGNATARO FRANKO 5790 MGT. BLVD. MARGATE FL. 33063	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PHIPPS, JR. GEORGE W. 5790 MGT BLVD MARGATE FL	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PEGNATARO, JULIEANN P.O. BOX 936512 MARGATE FL	☐ DELETE NAME SPELLED WRONG	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD PEGNATARO JULIEANN P.O. BOX 936512 MARGATE FL 33063	☑ Change ☐ Addition N.A.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AVD HORN, JEFF P.O. BOX 936512 MARGATE FL	☐ DELETE ADDRESS CHANGE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	VD HORN JEFF 1461 SW 30 AVE #14 POMPANO BCH. FL 33069	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

10/13/97

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

(954)

SIGNATURE REQUIRED

CR2E037 (4/97)

(2)

POLICE MOTORSPORTS, INC.
P.O. BOX 936512
MARGATE FL 33093

DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE FL 32302-1500

TO WHOM IT MAY CONCERN:
DUE TO AN AUTOMOBILE CRASH, I SUSTAINED INJURIES AND WAS UNABLE TO PERFORM CORPORATE DUTIES.

I HAVE RECEIVED YOUR LETTER AND CORRECTED THE REPORT AND RETURNED IT TO YOU.

I APOLOGIZE FOR THE DELAY.
PLEASE ADVISE IF I NEED TO DUE ANY THING ELSE.

THANK YOU FOR YOUR COOPERATION.

P.M. INC.