

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90061 040 ***150.00

DOCUMENT # P02000102149

1. Entity Name
MOTORSPORTS INSURANCE GROUP, INC.



Principal Place of Business
9500 S. DADELAND BLVD.
SUITE 600
MIAMI, FL 33156

Mailing Address
9500 S. DADELAND BLVD.
SUITE 600
MIAMI, FL 33156

040101000



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number **7** **CORRECT FEI #** Applied For
55-0802478 **55-0802478** Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MITTLEBERG, BARRY S
8100 N. UNIVERSITY DR.
SUITE 102
FT. LAUDERDALE, FL 33321

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDIN, STEVE 9500 S. DADELAND BLVD., STE. 600 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven F. Goldin 2/13/04 (305)670-3431

Date

Daytime Phone #