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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9300005953 (3)

JON SMITH SUBS RACING, INC.

Mailing Address Principal Place of Business 3900 WOODLAKE BLVD. 3900 WOODLAKE BLVD. SUITE 206 SUITE 206 LAKE WORTH FL 33463-3045 LAKE WORTH FL 33463 3a. Date of Last Report 3. Date Incorporated or Qualified 01/25/1993 05/01/1996 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 65-0384637 Not Applicable 26 21 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution Added to Fees 23 28 Ζıp Country 8. This corporation has liability for intangible tax under s. 199.032, Yes Florida Statutes 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 SMITH, JONATHAN 3900 WOODLAKE BLVD. Street Address (P.O. Box Number is Not Acceptable) SUITE 206 83 LAKE WORTH FL 33463 84 Zin 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 11 TITLE THE **PSTD** SMITH, JONATHAN 1.2 NAME NAME 3900 WOODLAKE BLVD. SUITE 208 1.3 STREET ADDRESS STREET ADORESS LAKE WORTH FL 33463 1.4 CITY-ST-ZIP CITY: ST 205 Change ☐ Addition DELETE 21 TITLE THE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZP Change Addition ■ DELETE 3.1 TITLE 1171.E 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - \$1 - ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAMÉ 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHTY-\$1-ZIP CHY-S1-ZIP Change Addition DELETE 5.1 TITLE TOTALE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS

6.4 City-St-ZiP

SIGNATURE:

appears in Block 12 or

I do hereby certify that the information supplied with this filing information indicated on this annual report or supplemental an I am an officer or director of the corporation or the receiver or

NATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

ent with an address

/// 56-2646/1-

goes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the flual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that

rustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

FILED

Apr 30 1997 8:00am

Secretary of State