

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 OCT -7 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000022710 (5)

1. Corporation Name

RENTECH MOTORSPORTS, INC.



Principal Place of Business

Mailing Address

1885 SW 4TH AVE
UNIT E-3
DELRAY BEACH FL 33444

1885 SW 4TH AVE
UNIT E-3
DELRAY BEACH FL 33444

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

3. Date Incorporated or Qualified

03/21/1994

3a. Date of Last Report

03/28/1995

4. FEI Number

APPLIED FOR

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FEYHL, HARTMUT
1885 SW 4TH AVE
UNIT E-3
DELRAY BEACH FL 33444

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVD
NAME FEYHL, HARTMUT
STREET ADDRESS 1885 SW 4TH AVE #E-3
CITY-ST-ZIP DELRAY BEACH FL

1.1 TITLE PVD
1.2 NAME FEYHL, HARTMUT
1.3 STREET ADDRESS 1369 N. Killian Drive
1.4 CITY-ST-ZIP Lake Park, FL 33403

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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 an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.30.96 (407) 276-7646

CR2E034 (12/95)

RENNTech

PRECISION SERVICE ■ PERFORMANCE TUNING

Florida Department of State
Division of Corporations
P.O. BOX 13900
Tallahassee, FL 32317

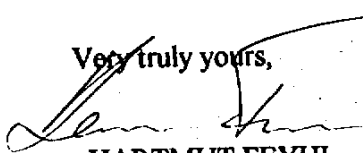
September 20, 1996

RE: RENNTECH MOTORSPORT, INC.
Number: P94000022710 (5)

To Whom It May Concern:

In response to your letter number: 396A00026134, please be advised that I have just received form SS-4, Application for Employer Identification Number, from the Internal Revenue Service. Attached to Document number P94000022710 (5) is a copy of completed form SS-4 and the late fee of \$25.00. As soon as I receive the FEI number from the IRS I will notify you.

Very truly yours,



HARTMUT FEYHL

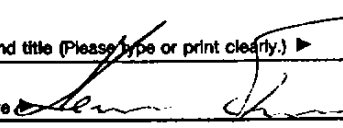
encs.

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003
Expires 12-31-96

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) RENNTech MOTORSPORTS, INC.				
	2 Trade name of business, if different from name in line 1 N/A		3 Executor, trustee, "care of" name N/A		
	4a Mailing address (street address) (room, apt., or suite no.) 1369 N. Killian Drive		5a Business address, if different from address in lines 4a and 4b N/A		
	4b City, state, and ZIP code Lake Park, FL 33403		5b City, state, and ZIP code N/A		
	6 County and state where principal business is located Lake Park, FL				
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ HARTMUT FEYNL				
	8a Type of entity (Check only one box.) (See instructions.) <input checked="" type="checkbox"/> Sole Proprietor (SSN) _____ <input type="checkbox"/> REMIC <input type="checkbox"/> Personal service corp. <input type="checkbox"/> State/local government <input type="checkbox"/> National guard <input type="checkbox"/> Other nonprofit organization (specify) _____ (enter GEN if applicable) <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator—SSN _____ <input type="checkbox"/> Other corporation (specify) _____ <input type="checkbox"/> Federal government/military <input type="checkbox"/> Church or church controlled organization				
8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶ FLORIDA		Foreign country			
9 Reason for applying (Check only one box.) <input checked="" type="checkbox"/> Started new business (specify) ▶ Auto Racing <input type="checkbox"/> Hired employees <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ <input type="checkbox"/> Banking purpose (specify) ▶ _____ <input type="checkbox"/> Changed type of organization (specify) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____					
10 Date business started or acquired (Mo., day, year) (See instructions.) 9/20/96		11 Enter closing month of accounting year. (See instructions.) December -31			
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ N/A					
13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0." 0					
14 Principal activity (See instructions.) ▶ Auto Racing					
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ▶ _____					
16 To whom are most of the products or services sold? Please check the appropriate box. <input checked="" type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶ _____					
17a Has the applicant ever applied for an identification number for this or any other business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.					
17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application. Legal name ▶ RENNTech Inc. Trade name ▶ RENNTech Inc.					
17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known. Approximate date when filed (Mo., day, year) 11/89 City and state where filed Delray Beach, FL Previous EIN 6510153124					
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (Please type or print clearly.) ▶ HARTMUT FEYNL Business telephone number (include area code) (561) 845-7888					
Signature  Date ▶ 9/20/96					
Note: Do not write below this line. For official use only.					
Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying