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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000069768 (7)

1. Corporation Name

RACECRAFT PERFORMANCE INC.



Principal Place of Business

5301 NW 15 ST
BAY D6
MARGATE FL 33063
US

Mailing Address

5301 NW 15 ST
BAY D6
MARGATE FL 33063-3771
US

2. Principal Place of Business

21 1900 BANKS RD.

Suite, Apt. #, etc.

22 BAY 304

City & State

23 MARGATE, FL.

Zip

24 33063

Country

25 BROWARD

2a. Mailing Address

26 1900 BANKS RD.

Suite, Apt. #, etc.

27 BAY 304

City & State

28 MARGATE, FL.

Zip

29 33063

Country

30 BROWARD

3. Date Incorporated or Qualified

09/19/1994

3a. Date of Last Report

04/22/1996

4. FEI Number

65-0521990

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional

6. Election Campaign Financing

☐ \$5.00 May Be

Trust Fund Contribution

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

LAURAMORE, ADAM
5301 NW 15 ST
BAY D6
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name LAURAMORE ADAM
82 Street Address (P.O. Box Number is Not Acceptable)
1900 BANKS RD.
BAY 304
83 City MARGATE
84 FL 85 Zip Code 33063

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

TITLE PD ☐ DELETE

NAME LOURAMORE, ADAM
STREET ADDRESS 5301 NW 15 ST BAY D6
CITY-ST-ZIP MARGATE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME LAURAMORE ADAM
1.3 STREET ADDRESS 1900 BANKS RD. BAY 304
1.4 CITY-ST-ZIP MARGATE FL. 33063

2.1 TITLE VP. ☐ Change ☒ Addition

2.2 NAME KENNETH PEARSON
2.3 STREET ADDRESS 1900 BANKS RD. BAY 304
2.4 CITY-ST-ZIP MARGATE FL. 33063

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

SIGNATURE *[Signature]* 4/6/97 954-038-5288

CR2E034 (9/96)