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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 JUN 16 PM 1:14

TALL... FLORIDA

DOCUMENT # P94000073010

1. Corporation Name

NIGHTMARE OFFSHORE RACING TEAM, INC.

Principal Place of Business / Mailing Address * NEW ADDRESS

1669 S.E. 7TH ST.
DEERFIELD BEACH, FL 33441

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 8-26-94
3a. Date of Last Report: n/a

2. Principal Place of Business
21 1669 S.E. 7 ST.
22 Suite, Apt. #, etc
23 City & State: DEERFIELD BEACH, FL
24 Zip: 33441 25 Country: BROWARD

2a. Mailing Address
26 1669 S.E. 7 ST.
27 Suite, Apt. #, etc
28 City & State: DEERFIELD BEACH, FL
29 Zip: 33441 30 Country: BROWARD

4. FEI Number: 65-0513845 ☐ 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

CINDALEAH KOVARS, C.P.A.
6278 N. FEDERAL HWY. SUITE 205
FT. LAUDERDALE, FL 33308

10. Name and Address of New Registered Agent

81 Name: RONALD M. BELINE
82 Street Address (P.O. Box Number is Not Acceptable): 1669 S.E. 7TH ST.
83
84 City: DEERFIELD BEACH FL 65 Zip Code: 33441

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 X Ronald M. Beline RONALD M. BELINE - PRESIDENT 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	PRESIDENT RONALD M. BELINE 1669 S.E. 7 ST. DEERFIELD BEACH, FL 33441	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☐ Addition 500001517235 -06/20/95--01044--017 ****225.00 ****225.00
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VICE-PRESIDENT RONALD M. BELINE 1669 S.E. 7 ST. DEERFIELD BEACH, FL 33441	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	SECRETARY WANDA C. FLETCHER 1669 S.E. 7 ST. DEERFIELD BEACH, FL 33441	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	TREASURER WANDA C. FLETCHER 1669 S.E. 7 ST. DEERFIELD BEACH, FL 33441	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

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: X Ronald M. Beline 6-12-95 305-426-6665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #