

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000073913 (3)

1. Corporation Name

FLORIDA RECREATIONAL MOTORSPORTS, INC.



Principal Place of Business

Mailing Address

2651 N. FEDERAL HWY.
FT. LAUDERDALE FL 33306

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FT. LAUDERDALE FL 33306

3. Date Incorporated or Qualified
10/04/1994

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
65-0523180

Apply 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. 189.032,
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAW OFFICES OF ANDREW B. BLASI, P.A.
7900 GLADES ROAD
SUITE 445
BOCA RATON FL 33434

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, if applicable

(NOTE: Registered Agent's signature required when not signing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME SCRIVER, CONSTANCE M
STREET ADDRESS C/O 1100 W. OAKLAND PARK BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL 33311

11 TITLE ☐ Change ☐ Addition

TITLE T/S ☐ DELETE
NAME PLANT, JAMES W.
STREET ADDRESS C/O 2651 N. FEDERAL HWY
CITY-ST-ZIP FT. LAUDERDALE FL

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE ☒ DELETE
NAME CARUSO, JOHN
STREET ADDRESS C/O 2651 N. FEDERAL HWY.
CITY-ST-ZIP FT. LAUDERDALE FL

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE ☐ DELETE
NAME EVERETT LYNCH
STREET ADDRESS 2841 N.E. 33rd Ct; # 104
CITY-ST-ZIP Ft. Lauderdale, Florida 33306

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME MARTY LANGER
STREET ADDRESS 11620 NW 2nd Drive
CITY-ST-ZIP Coral Springs, Florida 33071

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 617, 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

6/26/96

CR2E034 (3/96)