

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000003124 (1)**

1. Corporation Name

WARE RACING, INC.



Principal Place of Business

**481 E MOUNT VERNON DR
PLANTATION FL 33325**

Mailing Address

**481 E MOUNT VERNON DR
PLANTATION FL 33325**

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

24

25

29

30

9. Name and Address of Current Registered Agent

**WARE, JEFFREY M
481 E MOUNT VERNON DR
PLANTATION FL 33325**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

FL

85. Zip Code

3. Date Incorporated or Qualified

01/12/1995

3a. Date of Last Report

4. FEI Number

65-0549619

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

10. Name and Address of New Registered Agent

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 607.0506, Florida Statutes.

SIGNATURE

Signature of person authorized to execute this statement

Signature of person authorized to execute this statement

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
WARE, JEFFREY M
481 E MOUNT VERNON DR
PLANTATION FL 33325**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
WARE, SUSAN M
481 E MOUNT VERNON DR
PLANTATION FL 33325**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13.

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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☐ 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 139.07(3)(k), Florida Statutes. I further certify that the information included 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 registrar or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 of Block 13 if changed or in an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey M. Ware

3-3-96

CP2E034 (12/95)