

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000029489 (8)

1. Corporation Name

INFINITY OFFSHORE RACING, INC.



Principal Place of Business

Mailing Address

993 EAST OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33334

993 EAST OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33334

3. Date Incorporated or Qualified

04/14/1995

3a. Date of Last Report

2. Principal Place of Business

21 5320 NW 10th Terr.

Suite, Apt. #, etc.

22

City & State

23 Fort Lauderdale, FL

Zip

24 33309

Country

25 US

2a. Mailing Address

26 5320 N.W. 10th Terr.

Suite, Apt. #, etc.

27

City & State

28 Fort Lauderdale, FL

Zip

29 33309

Country

30 US

4. FEI Number

65-0572229

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

MURPHY, TIMOTHY R
993 EAST OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33334

81 Name

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

83

84 City

FL

85 Zip Code

14. 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]

(NOTE: Registered Agent signature required when reappointing)

DATE

3-26-96

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DAVIS, SUZANNE J
STREET ADDRESS 993 EAST OAKLAND PARK BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL 33334

TITLE VD ☐ DELETE

NAME MURPHY, TIMOTHY R
STREET ADDRESS 993 EAST OAKLAND PARK BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL 33334

TITLE SD ☐ DELETE

NAME VAZQUEZ, JOSEPH M
STREET ADDRESS 993 EAST OAKLAND PARK BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL 33334

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 Davis, Suzanne J
1.3 STREET ADDRESS 5320 NW 10th Terrace
1.4 CITY-ST-ZIP Fort Lauderdale, FL 33309

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME Murphy, Timothy R
2.3 STREET ADDRESS 5320 NW 10th Terrace
2.4 CITY-ST-ZIP Fort Lauderdale, FL 33309

3.1 TITLE SA ☒ Change ☐ Addition

3.2 NAME Vazquez, Joseph M
3.3 STREET ADDRESS 5320 NW 10th Terrace
3.4 CITY-ST-ZIP Ft. Lauderdale, FL 33309

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

300001778639

04/12/96-01066-003

***200.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-96

Date

(954) 938-1119

Daytime Phone #

CR2E034 (12/95)

44296