

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P95000039865 (7)

1. Corporation Name

LEISURE RACING SERVICES, INC.



Principal Place of Business

Mailing Address

~~ELEVEN GREENWAY PLAZA, STE. 3106
HOUSTON TX 77046~~

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HOUSTON TX 77046~~

2. Principal Place of Business	200 SOUTH ANDREWS AVE	2a. Mailing Address	200 S ANDREWS AVE
21. Suite, Apt. #, etc.	SIXTH FLOOR	26. Suite, Apt. #, etc.	SIXTH FLOOR
22. City & State	FT LAUDERDALE FL	27. City & State	FT LAUDERDALE FL
23. Zip	33301	28. Zip	33301
24. Country	USA	29. Country	USA

3. Date Incorporated or Qualified
05/19/1995

3a. Date of Last Report

4. FEI Number
65-0623525

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

10. Name and Address of New Registered Agent

**AMERICAN INFORMATION SERVICES, INC.
801 BRICKELL AVE. 24TH FLOOR
MIAMI FL 33131**

81. Name	American Information Services, Inc.
82. Street Address (P.O. Box Number is Not Acceptable)	1 SE 3rd Avenue
83. City	27th Floor
84. City	Miami
85. Zip Code	FL 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PSD
NAME	ROCHON, RICHARD C	1.2 NAME	RICHARD C ROCHON
STREET ADDRESS	200 S. ANDREWS AVE., SIXTH FLOOR	1.3 STREET ADDRESS	200 SOUTH ANDREWS AVE 6 FLUR
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	1.4 CITY-ST-ZIP	FT LAUDERDALE FL 33301
TITLE		2.1 TITLE	VPIAS
NAME		2.2 NAME	WILLIAM M. PIERCE
STREET ADDRESS		2.3 STREET ADDRESS	200 S ANDREWS AVE, 6 FLUR
CITY-ST-ZIP		2.4 CITY-ST-ZIP	FT LAUDERDALE FL 33301
TITLE		3.1 TITLE	T
NAME		3.2 NAME	CRIS V. BRANDEN
STREET ADDRESS		3.3 STREET ADDRESS	200 S ANDREWS AVE, 6 FLUR
CITY-ST-ZIP		3.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33301
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	900001811299
NAME		6.2 NAME	-05/07/96--01091--001
STREET ADDRESS		6.3 STREET ADDRESS	***6000.00
CITY-ST-ZIP		6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRIS BRANDEN

4/23/96

954-627-5000

Date

Daytime Phone #

CR2E034 (12/95)