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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Speciatory of State

	1996	DIVISION OF	CORPORATIONS			
1. Corporation	MENT # <b>P9500</b> MOTORSPORTS, INC.	0074141 (9	))			
CAPE	MOTORSPORTS, INC.					
Principal Place	e of Business	Mailing Address		1 1001/1611 (OLD (OLD) OLD) 1 80//		101 (101) OLDOL (166) LODE
6110 N.W. 3		6110 N.W. 33RD WAY				
FI. LAUDEN	RDALE FL 33309	FT. LAUDERDALE FL	33309			
				<ol> <li>Date Incorporated or Qualified</li> <li>09/26/1995</li> </ol>	3a. Date of La	ast Report
2. Principal Pl. 21	lace of Business	2a. Mailing Address		4. FEI Number		Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		65-063240		Not Applicable
22		27		5. Certificate of Status Desired	7 -	3.75 Additional Fee Required
City & State	e	City & State		Election Campaign Financing     Trust Fund Contribution	□ \$	5.00 May Be Added to Fees
<i>Z</i> ip <b>24</b>	Country 25	Zip 29	Country 30	8. This corporation has liability for Florida Statutes		
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New R	egistered Agen	t
	NO. 4 1 COM S. C.		81 Name			
RICHARD J. LEE, P.A. 2655 LE JEUNE ROAD FIFTH FLOOR			82 Street Add	ddress (P.O. Box Number is Not Acceptable)		
	GABLES FL 33134		83			
CONAL	GABLES FL 33134					
			84 City		FI 85	1 1
11. Pursuant to register	to the provisions of Sections 607.0502 red agent, or both, in the State of Floric ith, and accept the obligations of, Secti	and 607.1508, Florida Statute da. Such change was authoriz	es, the above named corpo	pration submits this statement for the pur	pose of changing	its registered office
ramıllar Wi	in, and accept the obligations of, secti	ion 607.0505, Florida Statutes		ard or directors. Thereby accept the appoint	anument as regisi	tereo agent. i am
SIGNATURE _			•			tereo agent. I am
SIGNATURE _	Signature, typico or printed name of registered agont	and title if applicable (NO	TE: Registered Agent signature requin	od when reinstating"	DATE	
SIGNATURE _		and title if applicable (NO	•		DATE	
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4. I do hereby certify that the information supplied with this filling 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 aprillar fiport 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 comparation of the seceiver 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 of panged, or or kin attackly lieft with an address.

SIGNATURE:

OT NEED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR

4-15-96 305 651-7308
Date Date Phone #