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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000084586 (3)

1. Corporation Name
COMPOSITE MOTOR SPORTS, INC.

Principal Place of Business

1547 OLD DAYTONA CT.
DELAND FL 32744
US

Mailing Address

1547 OLD DAYTONA CT.
DELAND FL 32724-2235
US



3. Date Incorporated or Qualified

10/26/1995

3a. Date of Last Report

08/06/1996

4. FEI Number

59-3339432

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

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

9. Name and Address of Current Registered Agent

ROBERTSON, CHRISTOPHER A
2486 SABLE AVE.
DELTONA FL 32738

10. Name and Address of New Registered Agent

81 Name

Robertson, Sandra D

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

2419 E. Lake DR

83

84 City

Deland

FL

85 Zip Code

32724

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

Sandra D. Robertson

Sandra D. Robertson

4/29/97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DAY

12. OFFICERS AND DIRECTORS

TITLE DP
NAME ROBERTSON, CHRISTOPHER A
STREET ADDRESS 2486 SABLE AVE.
CITY-ST-ZIP DELTONA FL 32738

TITLE DST
NAME ROBERTSON, SANDRA D
STREET ADDRESS 2486 SABLE AVE.
CITY-ST-ZIP DELTONA FL 32738

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DST
12 NAME Robertson, Christopher A
13 STREET ADDRESS 2419 E. Lake Dr.
14 CITY-ST-ZIP Deland, FL 32724

21 TITLE DP
22 NAME Robertson, Sandra D
23 STREET ADDRESS 2419 E. Lake Dr.
24 CITY-ST-ZIP Deland, FL 32724

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Sandra D. Robertson

4/29/97 (904) 740-0707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)