FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600017449

Reserved 1 1/1/4 TMC

Raceway Lube, Inc.

FILED May 09 1997 8:00am Secretary of State

	V							
Principa Pace of Busines	respect Rd.	Mailing Address 1853 N. Margate,	Stan	le Rd 7				
Ankland 1	Paek, FL	Margate,	FC 3	3063		10-0-	71	
3.3309					3. Date Incorporated or Qualified 3a, Date of Last Report			
2. Principal Place of Busi		2a. Mailing Address			4. FEI Number		Ar	oplied For
21		26		i	65-0657667			ot Applicable
Suite: Apt. #, etc. 22		Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$		Additional equired
City & State		City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Z ₁ p	Country	Zip	Count	гу	8. This corporation has liability for	intangible tax	nder s	·····
24	25 e and Address of Current F	29]	30		Fiorida Statutes 10. Name and Address of New Re	Yes N		
			8	1 Name	(U. Hame and Audrest Of New No	instalati vilal	Щ	
Da	le, Charles	3, 14.	ļ.,	2 Stroot Addr	ess (P.O. Box Number is Not Accepta	nlo\		
410	le, Charles 4 N.E 44h Landerdal	Street			esa (r. O. BOX MUHIDELIS NOI ACCEPTA	uio)		
•	La da dal	1 F/ 3330	1	3				
Pt	pananous	6,10000	/ B	4 City		FL 8	Zip (Code
41. Pursuant to the provi	sions of Sections 607.0502 a	nd 607,1508, Florida Statute	es, the abo	ve-named corp	oration submits this statement for the jon's board of directors. I hereby acce	ourpose of cha	nging it	is registered
agent Lam Jamiliar w	with, and accept the obligation	ons of Section 607.0505, Flo	orida Statute	es.	one board of directors. Higheby acce	pt trie appointi	nem as	i o Sistal e O
SIGNATURE Signature Size	ng ny pristan nama of registered agont a	nd title if applicable (NOT)	E Registered A	gent signature require	ed when reinstating)	DATE		
12.	OFFICERS AND D		13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFI		ECTOF	IS IN 12
THE PRES	sident	DELETE	1.1 TITLE				Change	Addition
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NAM:	was of maken		22 NAME				•	
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CHY ST 200 PARK	land, FL.	33067	2 4 City	-ST-ZIP				
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N/M:			3 2 NAME					
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005 S 7P			4.4 CITY-	ST-ZIP				
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NAME:			5.2 NAME	[11/	<i>-/</i>	96-
STEEP CALCIBEDS				ET ADDRESS		HINC)/.	// 7_1
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11'15 h 380		F" DELEGE	6.1 TITLE 6.2 NAME	i	2000021	4577	Change '	Addition
NAME STREET AND RESS			•	ET ADDRESS	-05/20/9701	<u> </u>	}	
ODV 51 Z 1			6.4 CITY		20000211 -05/20/9701 ***165.00		,	
14 Lety be solve consider the	at the information supplied w	this filing does not qualif	v for the ev	emotion stated	in Section 119 07(3Vi) Florida Statuta	s I further cor	tidu that	the
nformation indicated Familian officer or one	on this at inual report or sug	blemental annual report is ti	rue and acc	curate and that	my signature shall have the same leg- t as required by Chapter 607, Florida	al effect as if m	nade un	der oath: tha
	or Block 13 if changed, or a	In attachment with an add	dress.	A	1 1	1954)		*
SIGNATURE:	Ninort	m Kardi	, G	110 das	4 4158197	974	-41	//0
SIGNATURE:	SIGNATURE AND TYPED OR PE	HINTED NAME OF SIGNING OFFICER	OR DIRECTO	you wy	Date	Daytime	Phone #	