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FILED

May 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000078532 (4)

1. Corporation Name
RACING SENSATIONS, INC.

Principal Place of Business

Mailing Address

~~POST OFFICE BOX 8317~~
~~210 US SMALL BUSINESS SERVICES~~
~~HOLIDAY FL 34690~~

~~POST OFFICE BOX 8317~~
~~210 US SMALL BUSINESS SERVICES~~
~~HOLIDAY FL 34690 0347~~

2. Principal Place of Business

21 17900 GULF BLVD STE 16C

Suite, Apt. #, etc.

22 City & State

23 REDINGTON SHORES FL

Zip

24 33708

Country

25 PINELLAS

9. Name and Address of Current Registered Agent

~~JANEZIO, JOSEPH A~~
~~1004 U.S. HIGHWAY 19, SUITE 202~~
~~HOLIDAY FL 34691~~

2a. Mailing Address

26 17900 GULF BLVD

Suite, Apt. #, etc.

27 STE 16C

City & State

28 REDINGTON SHORES FL

Zip

29 33708

Country

30 PINELLAS

3. Date Incorporated or Qualified

09/19/1996

3a. Date of Last Report

4. FCI Number

59-3401325

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

10. Name and Address of New Registered Agent

81 Name

82 KAREN ROSKO

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

17900 GULF BLVD STE 16C

83

84 City

REDINGTON SHORES

FL

85 Zip Code

33708

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 *Karen Rosko*

Karen Rosko

4/24/97

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

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

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 in an attachment with an address.

SIGNATURE *Karen Rosko* *Karen Rosko* 2/16/97 012/3990563

CR2E034 (9/96)