

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S30195 (9)
1. Corporation Name
P & S RACING INC.



Principal Place of Business	Mailing Address
P.O. BOX 1064 SUMMERLAND KEY FL 33042	P.O. BOX 1064 SUMMERLAND KEY FL 33042

3. Date Incorporated or Qualified 02/04/1991	3a. Date of Last Report 05/01/1995
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2. Principal Place of Business	2a. Mailing Address
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21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
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22	City & State	27	City & State
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23	28
Zip	Zip

24
25
29

9. Name and Address of Current Registered Agent

4. FBI Number	Applied For
65-0244348	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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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

PETERSON, JOHN W
6409 2ND TERR STE 5
STOCK ISLAND
KEY WEST FL 33040

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	85 Zip Code

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

Signature, typed or printed name of responsible agent and title of applicant

It will be quite evident that the above requirements are not too stringent.

DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	PETERSON, JOHN W.	
STREET ADDRESS	P.O. BOX 1054 N/A	
CITY - ST - ZIP	SUMMERLAND KEY FL	

TITLE	V	<input type="checkbox"/> DELETE
NAME	PETERSON, MICHAEL	
STREET ADDRESS	P.O. BOX 1054 N/A	
CITY, ST, ZIP	SUMMERLAND KEY FL	

CITY - ST - ZIP	S	<input type="checkbox"/> DELETE
TITLE	KATUBI, DIANA	
NAME	3573 N W 78TH LANE	
STREET ADDRESS	CORAL SPRINGS FL	
CITY - ST - ZIP		

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST-ZIP		

2.1 TITLE ☐ Charge ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE	DAINA	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			

4 1 TITLE ☐ Change ☐ Addition
 4 2 NAME
 4 3 STREET ADDRESS
 4 4 CITY - ST - ZIP

5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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, as changed, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

• **Cost**

Measuring Power

CR2E034 (12/95)