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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V20670

(8)

CAPASS	SO RACING, INC.			# 32 DI   0 I DI   1 I DI   1 E   1 I DI   1 I D	
Principal Place of Business Mailing Address 371-A CYPRESS DR 371-A CYPRESS DR TEQUESTA FL 33469 TEQUESTA FL 33469-302 US			· · · · · · · · · · · · · · · · · · ·		I GIBAT BIBIK BIBIH BIBIH BIBIT BIBIK 1881
				3. Date Incorporated or Qualified 03/11/1992	3a. Date of Last Report 08/08/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0353360	Not Applicable
Suite, Apl.	#, etc	Suite, Apt. #, etc.	***************************************	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation has liability for	
24	25 25 9. Name and Address of Cur	rent Registered Agent	30	Florida Statutes  10. Name and Address of New R	Y Yes No
371	PASSO, GARY A. -A CYPRESS DR HUESTA FL 33469		83 371	dress P.O. Box Number is Not Accepted P.O. Box Number is Not Accepted P.O. P.O. P.O. P.O. P.O. P.O. P.O. P.O	M.
11. Pursuant office or agent. La	to the provisions of Sections 607 C egistered agent, or both, in the Starm familiar with, and accept the ob- Signature, typed in product came of ingistered	ate of Florida. Such change was a ligations of, Section 607.0505, Flo	es the above-named co	production submits this statement for the ation's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIBECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	wher he m	Change Addition
NAME	CAPASSO, GARY A.		1.2 NAME	apasso Gary M. 1960 1794 Court 1	_  8
STREET ADDRESS	137 RAINTREE TRAIL		13 STREET ADDRESS	1800 120 comy	
CITY-ST-ZiP	JUPITER FL		1.4 CiTY+ST-ZiP	Supiter, Fl. 3	3478
T TLE		DELETE	2 I TITLE	•	Change Addition
NAME STOSET LIBORAGO			22 NAME		·~
STREET ADDRESS			2 3 STREET ADDRESS		
DITY-ST-ZIP TITLE		DELETE	2 4 CHY-ST-ZIP 31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ ĐELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		•
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		·
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CH+-S1-2IP			5.4 CITY - ST - ZIP		
TITLE		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
210557 45 20505					
STREET ADORESS			6.3 STREET ADDRESS		

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:** 

AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CAPACION CAPACION DISCONDE DISCONDE DESCRIPTION OF SIGNING OFFICER OR DIRECTOR CAPACION CA

2E034 (9/96)

FILED

Jan 28 1997 8:00am

Secretary of State