

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Workman
Secretary of State
Division of Corporations

APPROVED
AND
FILED

SEP 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V70897** (6)

RACETRONICS INC.

Principal Place of Business: 1578 NW 23RD AVE, FT. LAUD FL 33311 US
Mailing Address: 1578 NW 23RD AVE, FT. LAUD FL 33311 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/14/1992	3a. Date of Last Report 05/01/1994
4. FET Number 65-0367447	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for enterprise tax under 41-100.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. State Apt # etc 22. City & State 23. City & State	2a. Mailing Address 26. State Apt # etc 27. City & State 28. City & State
24. City & State	29. City & State
25. County	30. County

9. Name and Address of Current Registered Agent WORTH, CAMERON 1578 NW 23 AVE FT LAUDERDALE FL 33311	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code FL
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11. Pursuant to the provisions of Sections 607.013(1) and 607.150(1) 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.013(1) Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	D WORTH, CAMERON 2210 NE 32 ST LIGHTHOUSE POINT FL	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY, ST, ZIP		5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY, ST, ZIP		9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY, ST, ZIP		13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY, ST, ZIP		17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY, ST, ZIP		21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 1.09 (1)(3)(b), Florida Statutes. I further certify that the information included 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 407, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/8/95 305-735-0100