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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90055 009 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766679

1. Corporation Name

SUNSHINE STATE BMX ASSOCIATION, INC.

101/01 - 90055 - 9

Principal Place of Business

C/O JAN PERMENTER
1360 ROSETTA TRAIL
WEST PALM BCH FL 33411
US

Mailing Address

C/O JAN PERMENTER
1360 ROSETTA TRAIL
WEST PALM BCH FL 33411
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 C/O BECKY SZASZ		26 C/O BECKY SZASZ		01/24/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 231 E. LAKESHORE DRIVE		27 231 E. LAKESHORE DRIVE		59-0196975	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 KISSIMMEE, FL		28 KISSIMMEE, FL		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24 34744		29 34744		30	

9. Name and Address of Current Registered Agent

BIXLER, ALICE M.
7318 PALOMINO PL.
SARASOTA FL 34241

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERMENTER, ART	1.2 NAME	P JOHN PINGOL
STREET ADDRESS	1360 ROSETTA TR	1.3 STREET ADDRESS	7805 PENWOOD COURT
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	LAKE WORTH, FL
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINGOL, LAURA	2.2 NAME	
STREET ADDRESS	7805 PENWOOD CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKEWORTH FL	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERMENTER, JAN	3.2 NAME	BECKY SZASZ
STREET ADDRESS	1360 ROSETTA TRAIL	3.3 STREET ADDRESS	231 E. LAKESHORE DRIVE
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	SRCD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIXLER, ALICE	4.2 NAME	
STREET ADDRESS	7318 PALOMINO PL.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN PINGOL	5.2 NAME	JEFF KANIA
STREET ADDRESS	7805 PENWOOD CT	5.3 STREET ADDRESS	2004 Polo Club Dr Apt 202
CITY-ST-ZIP	LAKE WORTH FL	5.4 CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rebecca Szasz* **SIGNATURE REQUIRED** *Szasz Treasurer* 1-15-99 407-348-0774

CR2E037 (11/98)