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FILED

Jan 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # 702512 (5)**

1. Corporation Name

ECURIE VITESSE SPORTS CAR CLUB OF KEY WEST, INC.

Principal Place of Business

Mailing Address

**3600 N. ROOSEVELT BLVD
KEY WEST FL 33040****3600 N. ROOSEVELT BLVD
KEY WEST FL 33040-4226**3. Date Incorporated or Qualified
06/03/19613a. Date of Last Report
03/13/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FULLER, JACK
3600 N. ROOSEVELT BLVD
KEY WEST FL 33040**

81 Name

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

83

84 City

FL

85 Zip Code

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	D	<input checked="" type="checkbox"/> DELETE
NAME	DANIELS, GREG	
STREET ADDRESS	3723 CINDY AV	
CITY - ST - ZIP	KEY WEST FL	

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, ERNEST	
STREET ADDRESS	54 PALM DRIVE	
CITY - ST - ZIP	BAY POINT KEY FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	FULLER, NORMAN	
STREET ADDRESS	3600 ROOSEVELT BLVD.	
CITY - ST - ZIP	KEY WEST FL	

TITLE	VC	<input checked="" type="checkbox"/> DELETE
NAME	FULLER, JOELLE	
STREET ADDRESS	3600 ROOSEVELT BLVD	
CITY - ST - ZIP	KEY WEST FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HESS, ROBERT	
STREET ADDRESS	COCONUT HWY	
CITY - ST - ZIP	BIG PINE KEY FL	

TITLE	S	<input type="checkbox"/> DELETE
NAME	BELL, JAMES	
STREET ADDRESS	RR1 BOX 483	
CITY - ST - ZIP	BIG PINE KEY FL 33043	

1.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JACK BRUMWELL	
1.3 STREET ADDRESS	111 EL MONTE LANE	
1.4 CITY - ST - ZIP	BIG COPPITT KEY FL	

2.1 TITLE	CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ANDY HESS	
2.3 STREET ADDRESS	COCONUT HWY	
2.4 CITY - ST - ZIP	BIG PINE KEY FL	

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

4.1 TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JACK BRUMWELL	
4.3 STREET ADDRESS	111 EL MONTE LANE	
4.4 CITY - ST - ZIP	BIG COPPITT KEY FL	

5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TAYLOR, ERNEST	
5.3 STREET ADDRESS	54 PALM DR	
5.4 CITY - ST - ZIP	BAY POINT KEY FL	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORMAN FULLER

Date 1/8/97

Daytime Phone # 305/244-6677

0024612

CR2E037 (9/96)