


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **713365** (5)

1. Corporation Name

GRAND PRIX APARTMENTS, INC., A CONDOMINIUM CORPORATION



Principal Place of Business 820 KETCH DRIVE NAPLES FL 33940 34103	Mailing Address 820 KETCH DRIVE NAPLES FL 33940 34103
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3. Date Incorporated or Qualified 09/25/1967	4. FEI Number 59-1812527	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MARTIN, HELEN T. MURRAY, TROY T. 820 KETCH DR #6 NAPLES FL 33940 34103	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
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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 *Helen T. Martin* **1/15/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	DV <input type="checkbox"/> DELETE
NAME	HARRISON, CHARLES R.
STREET ADDRESS	932 MARBLEHEAD DRIVE
CITY-ST-ZIP	NAPLES FL 34104
TITLE	SVD <input type="checkbox"/> DELETE
NAME	MELTZER, CATRINE H. GIROLAMO, JOS
STREET ADDRESS	820 KETCH DRIVE 95 HARBOR DR.
CITY-ST-ZIP	NAPLES FL 33940 BELLEAIR Bch. FL
TITLE	DT MURRAY, TROY T. <input checked="" type="checkbox"/> DELETE
NAME	MURRAY, TROY T.
STREET ADDRESS	820 KETCH DRIVE #8
CITY-ST-ZIP	NAPLES FL 34103
TITLE	PDT <input type="checkbox"/> DELETE
NAME	MARTIN, HELEN T.
STREET ADDRESS	820 KETCH DRIVE #8
CITY-ST-ZIP	NAPLES FL 34103-34103
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DREIBELIS, WILLIAM
STREET ADDRESS	573 PALM VIEW DRIVE
CITY-ST-ZIP	NAPLES FL 34103
TITLE	D <input type="checkbox"/> DELETE
NAME	QUATRARO, JOHN
STREET ADDRESS	820 KETCH DR, #5
CITY-ST-ZIP	NAPLES FL 34103

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> 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-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.

SIGNATURE: *Helen T. Martin* **1/15/98**

CR2E037 (10/97)