

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90068 033 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 713365

1. Corporation Name

GRAND PRIX APARTMENTS, INC., A CONDOMINIUM CORPORATION

Principal Place of Business

 820 KETCH DRIVE
 NAPLES FL 34103
 US

Mailing Address

 820 KETCH DRIVE
 NAPLES FL 34103
 US


| | | | | | |
|--------------------------------|--|------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 09/25/1967 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | |
| 23 Zip | | 28 Zip | | 59-1812527 | |
| 24 Country | | 29 Country | | 5. Certificate of Status Desired <input type="checkbox"/> | |
| | | | | \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing <input type="checkbox"/> | |
| | | | | \$5.00 May Be Added to Fees | |

9. Name and Address of Current Registered Agent

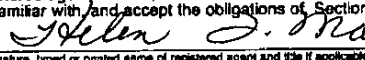
 MURRAY, TROY T.
 820 KETCH DR #8
 NAPLES FL 33940

10. Name and Address of New Registered Agent

| | |
|---|------------------|
| 81 Name | MARTIN, HELEN T. |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 820 KETCH DR #6 |
| 83 City | NAPLES, FL |
| 84 State | FL |
| 85 Zip Code | 34103 |

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



(NOTE: Registered Agent signature required when reappointing)

DATE


| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | DV <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARRISON, CHARLES R. | 1.2 NAME | |
| STREET ADDRESS | 932 MARBLEHEAD DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL 34104 | 1.4 CITY-ST-ZIP | |
| TITLE | SVD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GIROLAMO, JOS | 2.2 NAME | |
| STREET ADDRESS | 95 HARBOR DR | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BELLEAIR BCH FL 34788 | 2.4 CITY-ST-ZIP | |
| TITLE | DT <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MURRAY, TROY T | 3.2 NAME | |
| STREET ADDRESS | 820 KETCH DRIVE #8 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL 34103 | 3.4 CITY-ST-ZIP | |
| TITLE | PDT <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARTIN, HELEN T. | 4.2 NAME | |
| STREET ADDRESS | 820 KETCH DRIVE #6 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL 34103 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | QUATRARO, JOHN | 5.2 NAME | |
| STREET ADDRESS | 820 KETCH DR, #5 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL 34103 | 5.4 CITY-ST-ZIP | |
| 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


 941.261
 1/25/99 Daytime Phone # 5832

CR2E037 (11/98)