

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **743884** (9)

1. Corporation Name

**MARTIN COUNTY KARTING ASSOCIATION, INC.**

Principal Place of Business

**10815 164TH ROAD, NORTH  
JUPITER FL 33478  
US**

Mailing Address

**P O BOX 45  
PORT SAERNO FL 34982-0045  
US**

3. Date Incorporated or Qualified  
**08/08/1978**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**29** Zip

**30** Country

4. FEI Number

**65-0116352**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MACMILLAN, NEIL W  
930 NE J.B. BLVD.  
JENSEN BEACH FL 34957**

**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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BEDARD, JERRY</b>	
STREET ADDRESS	<b>2921 BUCKLEY AVE</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	

TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HUEY, DOUG</b>	
STREET ADDRESS	<b>17140 BRIANS WAY</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>DE COURSEY, STEPHEN</b>	
STREET ADDRESS	<b>10815 164TH ROAD NO.</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BAUSCH, TIM</b>	
STREET ADDRESS	<b>867 S.W. ANDREW RD</b>	
CITY-ST-ZIP	<b>PT. ST. LUCIE FL</b>	

TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>THOMAS, NATHAN</b>	
STREET ADDRESS	<b>3165 1ST ST</b>	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>JOHN CHOQUETTE</b>	
1.3 STREET ADDRESS	<b>11814 54TH STREET NORTH</b>	
1.4 CITY-ST-ZIP	<b>ROYAL PALM BEACH, FL 33411</b>	

2.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>STEVE SMYTH</b>	
2.3 STREET ADDRESS	<b>1469 LAKE GENEVA DRIVE</b>	
2.4 CITY-ST-ZIP	<b>LAKE WORTH, FL 33461</b>	

3.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>MIKE BALIUS</b>	
3.3 STREET ADDRESS	<b>2000 NORTH CONGRESS APTK403</b>	
3.4 CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33401</b>	

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 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: *Michael C. Balius* 3-9-97 5616894112  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0071808

CR2E037 (9/96)