

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 770852 (2)
1. Corporation Name
CORAL SPRINGS BMX ASSOCIATION, INC.



Principal Place of Business 10000 NW 29TH ST CORAL SPRINGS FL 33075	Mailing Address P.O. BOX 9902 CORAL SPRINGS FL 33075-0802
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3. Date Incorporated or Qualified 10/20/1983	3a. Date of Last Report 05/01/1996
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 59-2399385	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**LOUD, HENRY
8231C THAMES BLVD
BOCA RATON FL 33433**

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

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 Henry Loud (President) DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing.)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	LOUD, HENRY
STREET ADDRESS	8231C THAMES BLVD
CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	SD <input type="checkbox"/> DELETE
NAME	BARTHOLOMEW, NANCY
STREET ADDRESS	5721 RIVERSIDE DRIVE #106
CITY-ST-ZIP	CORAL SPRINGS FL 33067
TITLE	TD <input type="checkbox"/> DELETE
NAME	CHINLOY, IAN
STREET ADDRESS	10708 WILES ROAD
CITY-ST-ZIP	CORAL SPRINGS FL 33076
TITLE	DVP <input type="checkbox"/> DELETE
NAME	FOWLER, MARIE
STREET ADDRESS	3201 SW 1 COURT
CITY-ST-ZIP	DEERFIELD BEACH FL 33442
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD
1.3 STREET ADDRESS	8231C Thames Blvd
1.4 CITY-ST-ZIP	LOUD HENRY Boca Raton FL 33433
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SD Wendy Ross
2.3 STREET ADDRESS	320 sw 81 terr.
2.4 CITY-ST-ZIP	N. Lauderdale FL 33068
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD ChinLoy, Ian
3.3 STREET ADDRESS	10708 Wiles Rd. Coral Springs
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DVP Randy Eaton
4.3 STREET ADDRESS	1499 SW 9th Street Sunrise FL
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	T Victoria Brook
5.3 STREET ADDRESS	284 NW 40th Terr
5.4 CITY-ST-ZIP	Deerfield Beach FL 33442
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	200002092398
6.3 STREET ADDRESS	-02/19/97--01081--052
6.4 CITY-ST-ZIP	***61.25

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 Stanislav DATE 2-12-97

CR2E037 (9/96)