


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 9802 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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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2399385	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
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

10. Name and Address of New Registered Agent

**LOUD, HENRY
8231C THAMES BLVD
BOCA RATON FL 33433**

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 Henry Loud (President) DATE _____
(NOTE: Registered Agent signature required when re-registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUD, HENRY	1.2 NAME	PD
STREET ADDRESS	8231C THAMES BLVD	1.3 STREET ADDRESS	8231C Thames Blvd
CITY-ST-ZIP	BOCA RATON FL 33433	1.4 CITY-ST-ZIP	LOUD HENRY Boca Raton FL 33433
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTHOLOMEW, NANCY	2.2 NAME	SD
STREET ADDRESS	5721 RIVERSIDE DRIVE #106	2.3 STREET ADDRESS	Wendy Ross
CITY-ST-ZIP	CORAL SPRINGS FL 33067	2.4 CITY-ST-ZIP	320 sw 81 terr. N. Lauderdale FL 33068
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHINLOY, IAN	3.2 NAME	TD
STREET ADDRESS	10708 WILES ROAD	3.3 STREET ADDRESS	ChinLoy, Ian
CITY-ST-ZIP	CORAL SPRINGS FL 33076	3.4 CITY-ST-ZIP	10708 Wiles Rd. Coral Springs
TITLE	DVP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOWLER, MARIE	4.2 NAME	DVP
STREET ADDRESS	3201 SW 1 COURT	4.3 STREET ADDRESS	Randy Eaton
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	4.4 CITY-ST-ZIP	1499 SW 9th Street Sunrise FL
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	T
STREET ADDRESS		5.3 STREET ADDRESS	Victoria Brook
CITY-ST-ZIP		5.4 CITY-ST-ZIP	284 NW 40th Terr
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Deerfield Beach FL 33442
STREET ADDRESS		6.3 STREET ADDRESS	-02/19/97--01081--052
CITY-ST-ZIP		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 IAN CHINLOY 2-12-97

CR2E037 (9/96)