FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

	DIVISION OF CORPO	MATIONS	97 050 2	1 44 6			
1. Name of Limited Partnership	1e. DOCUMEN A24159				97 DEC 31 AM 9: 58		
BRAND PRIX, LTD.							
Mailing Address	Principal Office Address		3. Date Formed or Registered	Date Formed or Registered 58. Capital Contributions as Shown on record.			
3711 A WEST GRACE ST. TAMPA FL 33807	3711-A WEST GRACE ST TAMPA FL 33607			02/10/1987 3a. Dale of Last Report \$5,095,450.0			
_			01/24/1997 4. State or Country of Formation	5b. Amou Contr	int of Capital ibutions in FLORIDA e:		
2. Malling Address	2a. Principal Office Address	FL 6. FEI Number					
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State			Applied For Not Applicable			
Zip Country	Zip Coun	Mor	7. Certificate of Status Desired		\$8.75 Additional Fee Required		
Zip Gotthry	2.0	an y	8. Make check payable to: Dept. of	State (See rev			
9. Name and Address of C		ma	10. If changed, new Registere	d Agent/Office			
GRAND PRIX CORPORATION		Name Street Address (P.O. Box Number Is Not Acceptable)					
3711 A. WEST GRACE ST. TAMPA FL 33607	<u> </u>	te, Apl. #, etc.					
1AMFA 1 L 55507	City			FL	Zip Code		
for the purpose of changing its registered of agent. I am familiar with, and accept the oblining SIGNATURE (Registered Agent Accepting Appointme	not)	uch change was au	thorized by its general partner(s). I here	ne State of Flori eby accept the	appointment of registered		
A GENERAL PARTNER TH	IAT IS A CORPORATION, LIMI UST BE REGISTERED AND A	TED PART	NERSHIP OR OTHE	R BUSII	NESS ENTITY		
11. Name(s) of General Partner(s)	11a. Address of Each General Partni (Do NOT Use Post Office Box Num	er 11b.	City, State & Zip Code	11c.	Registration/ Document Number		
GRAND PRIX CORPORATION	3711 A WEST GRACE ST.	TAN	TAMPA FL		J52009 4 10 16 3 3 5 1 1 3 8 2 1 0 1,3 0 2 0		
			5000024 -01/21/ ****54		013020 013020 014**541.25		
	NOT be changed on this form; an				.		
Corporations from any liability of non-compliant	I with this filling is voluntarily furnished and does not qualif be with Section 119.07(3)(k) in the event that the informati my signature shall have the same legal effects as if made by chapter 620, Florida Statules.	ion supplied is deer	med exempt from public access. I furth	er certify that th	e information indicated on		

SIGNATURE ___

DATE 12/29/97

Typed or Printed Name of General Partner Signing Form