

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JAN 30 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # F96000004334 (6)

1. Corporation Name

MALIBU GRAND PRIX CORPORATION

Principal Place of Business

5895 WINDWARD PKWY
ALPHARETTA GA 30202

Mailing Address

5895 WINDWARD PKWY
ALPHARETTA GA 30202

3. Date Incorporated or Qualified

08/23/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

74-2480522-95-434542

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

400002074104--3
-01/30/97--01086--014
***165.00 ***165.00
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

John J. Markers, Notary 1/22/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	DEMERAU, L SCOTT	5895 WINDWARD PKWY #220	ALPHARETTA GA 30202	<input type="checkbox"/>
CEO	DEMERAU, L SCOTT	5895 WINDWARD PKWY #220	ALPHARETTA GA 30202	<input checked="" type="checkbox"/>
DV	DEMERAU, JULIA E	5895 WINDWARD PKWY #220	ALPHARETTA GA 30202	<input type="checkbox"/>
DV	WATERS, GREGORY N	5895 WINDWARD PKWY	ALPHARETTA GA 30202	<input checked="" type="checkbox"/>
CFO	WATERS, GREGORY N	5895 WINDWARD PKWY	ALPHARETTA GA 30202	<input checked="" type="checkbox"/>
VT	TRAVIS, ANN C	5895 WINDWARD PKWY	ALPHARETTA GA 30202	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

CEO
Robert Whitman
5895 Windward Pkwy Ste 220
Alpharetta, GA 30202

CFO
Richard Fitzpatrick
5895 Windward Pkwy Ste 220
Alpharetta, GA 30202

mwp

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

Ann Travis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/20/97

Daytime Phone

770-442-6640