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Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002891 (8)

1. Corporation Name

APOLLO BEACH TRACK CLUB, INC.

Principal Place of Business

413 FLAMINGO DRIVE
APOLLO BEACH FL 33572

Mailing Address

413 FLAMINGO DRIVE
APOLLO BEACH FL 33572-25193. Date Incorporated or Qualified
06/19/19953a. Date of Last Report
04/16/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUCHANAN, JUDY
413 FLAMINGO DRIVE
APOLLO BEACH FL 33572

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	BUCHANAN, MARK	
STREET ADDRESS	413 FLAMINGO DRIVE	
CITY - ST - ZIP	APOLLO BEACH FL 33572	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	V	<input type="checkbox"/> DELETE
NAME	BUCHANAN, JUDY	
STREET ADDRESS	413 FLAMINGO DRIVE	
CITY - ST - ZIP	APOLLO BEACH FL 33572	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NOYOLA, ROSE	
STREET ADDRESS	413 FLAMINGO DRIVE	
CITY - ST - ZIP	APOLLO BEACH FL	

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Linda Maffenberg
3.3 STREET ADDRESS	12920 Long Crest Dr
3.4 CITY - ST - ZIP	Riverview FL 33569

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BELEZ, IKE	
STREET ADDRESS	413 FLAMINGO DRIVE	
CITY - ST - ZIP	APOLLO BEACH FL	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Ike Belez
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE	T	<input type="checkbox"/> DELETE
NAME	SMITH, KATHY	
STREET ADDRESS	307 FLAMINGO DRIVE	
CITY - ST - ZIP	APOLLO BEACH FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	JOYCE-E, SUSAN	
STREET ADDRESS	3406 FLAGSTAFF CIR	
CITY - ST - ZIP	WIA MOUMA FL	

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:

Judy D Buchanan

Judy D Buchanan 2-14-97

817 651 1885

Date

Daytime Phone # 0046382

CR2E037 (9/96)