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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 17 1997 8:00am

Secretary of State

O PROGREDA HAD FORES CULIA DOLLA COLLA COLLA

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000037186 (2)

SEMINOLE MOTOR CLUB, INC.

]					
Principal Place	e of Business	Mailing Address	•				##*** IIIII BBE 1	1881 18119	D1 1 10€1	
135 S.E. 5TH AVE. SUITE 9		135 S.E. 5TH AVE. SUITE 9								
DELRAY BEACH	H FL 33483	DELRAY BEACH FL 3348	3-5256							
						3. Date Incorporated or Qualified 05/21/1993	3a. Date of 05/01/1		port	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Api	plied For	
21		26				65-0422825		Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #. etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	ө	City & State				6. Election Campaign Financing	\$	5.00	May Be	
23		28			- 44 - 144	Trust Fund Contribution	Added to Fees			
— ^{Zip}	Country	Zip Country				8. This corporation has liability for intangible tax under s. 199.032.				
24	25		30				Yes No			
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Reg	pistered Agen	<u> </u>		
	NCER, JOY M			81 Nan	ю					
	S.E. 5TH AVE., #9		ŀ	82 Stre	et Addre	ss (P.O. Box Number is Not Acceptab	le)			
DEL	RAY BEACH FL 33483		ļ							
				83						
•			Ì	84 City			- 85	Zip C	ode	
			}					'		
Pursuant I	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	and 607.1508, Florida Statu of Florida, Such change was	ites, the ab authorized	ove-nam by the c	ed corpo orporatio	ration submits this statement for the pi n's board of directors. I hereby accep	urpose of char t the appointm	nging its iont as r	registered egistered	
	in rannal with, and accept the obligat	ions of, agenon our coop, r	ionida statt	utes.						
SIGNATURE	Signature, typed or printed name of registerica agricult	and lit cit applicable (NO	it - Registered	Agent signa	ure required	(when reinstating)	DATE			
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND DIRE	CTORS	3 IN 12	
TITLE	P	☐ DELETE	1110	Į.	T		□ c	hange	Addition	
NAME	SPENCER, JOY M		1.2 NA	ME						
STREET ADDRESS	135 S.E. 5TH AVE., #9		1.3 \$16	REEL ADDRES	s					
CITY-ST-ZIP	DELRAY BEACH FL 33483		1,4 CIT	Y - ST - ZIP						
TITLE	V	☐ DLLETE	2.1 111	LE				hange	Addition	
NAME	SPENCER, ANDREW		2.2 NA	ME						
STREET ADDRESS	135 S.E. 5TH AVE., #9		2.3 STF	REET ADDRES	s					
CITY-ST-ZIP	DELRAY BEACH FL 33483		2 4 CF	1Y - S1 - ZIP						
TITLE		DETETE	3 1 117	3 1 11TLE			□ c	hange	Addition	
NAME			3.2 NA	MŁ						
STREET ADDRESS			3.3 STF	REET ADDRES	s					
CITY-ST-ZIP			3.4 CI	1Y-\$1-ZIP_						
TITLE		☐ DELETE	4.1 10	LF			C	hange	Addition	
NAME			4. 2 NA	ME.						
STREET ADDRESS			4.3 \$18	REET ADDRES	s					
CITY-ST-ZIP			4401	Y- S1 - ZiP						
TITLE		☐ DELF1€	51717	LE			[] C	hange	Addition	
NAME			5 2 NA	ME						
STREET ADDRESS			5.3 STF	REET ADORES	s					
CITY-ST-ZIP		·	5.4 CIT	Y - S1 - ZIP						
TITLE		L.) DELETE	6.1 TIT	l F	1		L] c	hange	Addition	
NAME			6.2 NAI	ME						
STREET ADDRESS			6.3 \$1F	REET ADDRES	s					
CITY-ST-ZIP				Y-ST-ZIP	<u> </u>					
14. I do hereb	by certify that the information supplied in indicated on this annual report or su	with this filing does not qual polemental annual report is	lify for the d true and a	exemption courate a	nstated i nd that n	n Section 119.07(3)(i), Florida Statutes ny signature shall have the same legat	. I further certii effect as if ma	fy that tl	he or oath: that	
iam an of	fficer or director of the corporation or the Block 12 or Block 13 if changed, or contact the state of the sta	he receiver ar trustee empoy	wered to ex	xecute th	s report	as required by Chapter 607, Florida St	atules; and tha	at my na	ame	