

2-1695 B-1279-C
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
 ANNUAL REPORT
 1995**



FLORIDA DEPARTMENT OF STATE
 Secretary's Office
 1000 Bank of America Building
 Tallahassee, Florida 32399-0001

**FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS**

95 FEB 16 PM 2:57

DOCUMENT # P93000078321 (5)

1. Corporation Name

GRAND PRIX AMUSEMENT PARK, INC.

Principal Place of Business

Mailing Address

**5205 S. U.S. HIGHWAY ONE
 FORT PIERCE FL 34902**

**5205 S. U.S. HIGHWAY ONE
 FORT PIERCE FL 34902**

Do Not Write In This Space

3. Date of Incorporation or Organization

11/08/1993

3a. Date of Last Report

03/02/1994

2. Principal Place of Business

2b. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEE Number

NOT APPLICABLE

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. 190.032,
 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**BOGOFF, STAN
 5205 S. U.S. HIGHWAY ONE
 FORT PIERCE FL 34902**

10. Name and Address of New Registered Agent

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 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person authorized to execute this report and the fee payment. If the person is not the registered agent, the signature of the registered agent is also required.

DAY

12. OFFICERS AND DIRECTORS

TITLE
P
 NAME
BOGOFF, STAN
 STREET ADDRESS
523 SOUTH CAROLINA DRIVE
 CITY, ST, ZIP
STUART FL 34994

TITLE
VST
 NAME
BOGOFF, BRENDA
 STREET ADDRESS
523 SOUTH CAROLINA DRIVE
 CITY, ST, ZIP
STUART FL 34994

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY, ST, ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY, ST, ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY, ST, ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0502, Florida Statutes. I further certify that the information and effect on this annual report or supplemental annual report is true and accurate and that my signature and that of any registered agent or other officer or director appears on Block 12 or on each Block 13. I am authorized to execute this report as required by a Chapter 607, Florida Statutes, and that my name appears on Block 12 or on each Block 13.

SIGNATURE:

Brenda Bogoff - Brenda Bogoff vst

1-18-95 4074649929