## 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

## DOCUMENT # P94000040298 (9)

GRAND PRIX REALTY, INC.

| Principal Place of Business Mailing Address  12794 WEST FOREST HILL BLVD.  SUITE 34  WEST PALM BEACH FL 33414  WEST PALM BEACH FL 33414 |   |  |                            | 1  |  |                                  |   |
|---|---|--|----------------------------|--|--|----------------------------------|---|
| WEOT FREM E   | SERVITE WATER   | TEST THEM SENSITIVE SOUTH TO   |                            | 3. Date Incorporated or Qualified 05/25/1994 | 3a. Date of Last 6<br>04/05/1996   | Report                           |   |
| 2. Principa' Place of Business 2a. Mailing Address  |   |  |                            |  | 4. FEI Number Applied For  |                                  | <u> </u>                                |
| 21     26   |   |  |                            |  | 65-0494431   | Not Applicable \$8.75 Additional |   |
| 22 27   |   |  |                            |  | 5. Certificate of Status Desired   |                                  | Required                                |
|   |   | City & State   | )                          |  | 6. Election Campaign Financing   |                                  | ) May Be                                |
| 23  | 28  |  |                            | <del> </del>                                 | Trust Fund Contribution  |                                  | to Fees                                 |
| Zip   |   |  | Country                    | '  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  |                                  |   |
| 24 25 29 30 9. Name and Address of Current Registered Agent   |   |  |                            | <del></del>                                  | 10, Name and Address of New Registered Agent   |                                  |   |
| JOL   | INSON, ROBERT E   |  | 81                         | Name   |  | <del></del>                      |   |
| 12794 W. FOREST HILL BLVD.  |   |  | 82                         | Street Addr                                  | ess (P.O. Box Number is Not Acceptab   | ule)                             | <u></u>                                 |
| SUITE 34  |   |  | L.                         | Oll Ook / Radii                              |  |                                  |   |
| WELLINGTON FL 33414   |   |  | 83                         | i  |  |                                  | ļ                                       |
|   |   |  | 84                         | City   | THE PROPERTY OF THE PROPERTY O | FL 85 Zip                        | Code                                    |
| 11. Pursuant  | to the provisions of Sections 607.05  | 02 and 607.1508, Florida Statutes  | , the above                | e-named corp                                 | oration submits this statement for the p   |                                  | its registered                          |
| office or r<br>agent 1 a  | registered agent, or both, in the Stat<br>im familiar with, and accept the obli | te of Florida. Such change was aut<br>gations of, Section 607.0505, Florid | lhorized by<br>da Statutes | / the corporat<br>s.                         | oration submits this statement for the p<br>ion's board of directors. I hereby accep   | ot the appointment as            | s registered                            |
| SIGNATURE   |   |  |                            |  |  |                                  |   |
| 10  | Signature, typicd or printed name of registered a                               | gent and little if applicable (NOTE: F<br>ND DIRECTORS                     |                            | ent signature requir                         | ed when rehalating) ADDITIONS/CHANGES TO OFFIC   | DATE                             | DC IN 12                                |
| 12.   | PVST  | DELETE   | 13.                        | <del></del>                                  | ADDITIONS/CHANGES TO OFFIC   | Change                           | Addition                                |
| NAME  | JOHNSON, ROBERT E   | _  | 1.2 NAME                   |  |  |                                  |   |
| STREET ADDRESS  | 2078 SUNDERLAND AVE. 1.3 9  |  | 1.3 STREET                 | ADDRESS                                      |  |                                  |   |
| DITY-ST-ZIP   | WELLINGTON FL 33414   |  | 1.4 CITY - S               | I-ZP   |  |                                  |   |
| TITLE   |   | ☐ DELETE   | 2.1 TITLE                  |  |  | Change                           | Addition                                |
| NAME  |   |  | 2.2 NAME                   |  |  |                                  |   |
| STREET ADDRESS  |   |  | 2.3 STREET                 |  |  | 4. 4                             |   |
| CITY - S1 - ZIP<br>TITLE  |   | 2.46<br>DELETE 3.1 To  |                            | ST-ZIP                                       |  | Change                           | Addition                                |
| NAME  | <b></b>   |  | 3.2 NAME                   |  |  | the second of the                |   |
| STREET ADDRESS  |   |  | 3.3 STREET                 | ADDRESS                                      |  |                                  |   |
| CITY+S1+ZIP   |   |  | 3.4. CITY-                 | ST-ZIP                                       |  |                                  |   |
| TITLE   |   |  | 4.1 TITLE                  |  |  | Change                           | ☐ Addition                              |
| NAME  |   |  | 4. 2 NAME                  |  |  |                                  |   |
| STREET ADDRESS  |   |  | 4.3 STREET                 | 1  |  |                                  |   |
| CITY - ST - 7IP<br>TITLE  |   |  | 4.4 CITY - S<br>5.1 TITLE  | 01-21  |  | ☐ Change                         | Addition                                |
| NAME  |   |  | 52 NAME                    |  |  |                                  | *************************************** |
| STREET ADDRESS  |   |  | 53 STREET                  | ADDRESS                                      |  |                                  |   |
| DITY-ST-7IP   | 111 .51.  |  | 54 City-S                  | ST - ZIP                                     |  |                                  |   |
| TIFLE   |   | ☐ DELETE   | 61 TITLE                   |  |  | Change                           | Addition                                |
| LIA CAC   | İ   |  | CO MANAGE                  | 1  |  |                                  | ,                                       |

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 perporator of one perporator or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or Bloc

STREET ADDRESS

**FILED** 

Apr 16 1997 8:00am

Secretary of State