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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P94000040298**1. Corporation Name

GRAND PRIX REALTY, INC.

## **FILED** Feb 09, 1999 8:00am **Secretary of State**

02-09-1999 90013 007 \*\*\*150.00



	ce of Business	Mailing Address			· ·					
	FOREST HILL BLVD.	12794 WEST FOREST H	LL BLVD.		· ·					
SUITE 34 WEST PALM BEACH FL 33414		SUITE 34								
		WEST PALM BEACH FL	33414			DO NOT WRIT	E IN THIS	SPACE		
					3. Date Incorporate 05/25/1994	d or Qualited				
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number				pplied For	
21		26			65-0494431				lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				-			Additional	
22	•	27			5. Certifcate of State	us Desired			Required	
City & Stat	te	City & State			6. Election Campaig	n Eineneina			May Be	
23		28			Trust Fund Contr				to Fees	
Zip	Country	Zip	Cour	itry	8. This corporation of		nt vone lete			
24	25	29	30	•	Personal Property			Yes	□No	
;:- <b>1</b>	9. Name and Address of Cu				10. Name and Addre	·				
				81 Name	10		· g.o.c., o.a. /	190111	· · · · · · · · · · · · · · · · · · ·	
JOHNSON, ROBERT E 12794 W. FOREST HILL BLVD.				, .						
			ļ	82 Street A	Address (P.O. Box Number is	s Not Acceptab	e)			
	TE 34		-	83	2 , 97 3 7 2 5	5	1 62 1 1 2 4 1 1 1	F.1 28-15 110		
	LINGTON FL 33414				1. 1000 1000 1000 1000 1000 1000 1000 1	自動推進				
*****			F	B4 City	, , , , , , , , , , , , , , , , , , ,		- स्थाप करता है " विकास करता है	85 Zip	Code	
	to the provisions of Sections 607.			-			FL			
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Sagent, Fa	m familiar with, and accept the ob-	agent and title if applicable. (NO	TE: Registered A		quired when reinstating)		DATE			
Signature	m familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS	agent and title if applicable. (NO AND DIRECTORS	TE: Registered A	gent signature rec	ADDITIONS/CHAN	IGES TO OFFI				
Sagent, ra SIGNATURE 12.	m familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS PVST	agent and title if applicable. (NO	TE: Registered A	gent signature rec		IGES TO OFFI		D DIRECT		
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Sagent, Fa SIGNATURE  12.  IIILE  VAME  STREET ADDRESS  CITY-ST-ZIP	in familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS PVST JOHNSON, ROBERT E	agent and title if applicable. (NO AND DIRECTORS	13. 1.1 TITL 1.2 NAA. 1.3 STR 1.4 CIT	gent signature rec	ADDITIONS/CHAN	IGES TO OFFI		☐ Change	☐ Addition	
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sorted and accurate and that my signature shall have the same legal effect as if made under oath; that I am an impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation Block 12 or Block 13 if changed,