

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 705671 (6)
1. Corporation Name
OFFSHORE POWER BOAT RACING ASSOCIATION, INC.



Principal Place of Business: P.O. BOX 69-4733 MIAMI FL 33269-8733
Mailing Address: P.O. BOX 69-4733 MIAMI FL 33269-8733

3. Date Incorporated or Qualified: 05/30/1963
3a. Date of Last Report: 05/01/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-1172394	Applied For: Not Applicable
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	28. Zip	29. Country
30. Zip	31. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent STRICKLAND, MICHAEL 460 N W 139TH ST N MIAMI FL 33168	10. Name and Address of New Registered Agent 81 Name: DOTTIE VANKIRK 82 Street Address (P.O. Box Number is Not Acceptable): 1147 HOLLYWOOD BLVD 83 84 City: HOLLYWOOD FL 85 Zip Code: 33019
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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 officer 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: *Dottie Van Kirk* DOTTIE VANKIRK 4/28/96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: STRICKLAND, MICHAEL	11 TITLE:	SB RONALD M BELINE
STREET ADDRESS: 460 NW 139 ST	CITY-ST-ZIP: N MIAMI FL	12 NAME:	1669 SE 7 ST.
TITLE: D	NAME: KENYON, JOHN	13 STREET ADDRESS:	BEERFIELDS BEACH, FL 33441
STREET ADDRESS: 2310 NE 215 ST	CITY-ST-ZIP: N MIAMI BCH. FL	14 CITY-ST-ZIP:	
TITLE: D	NAME: WERNER, MIKE	21 TITLE:	AD JOHN KENYON
STREET ADDRESS: 5100 MAGGIORE ST	CITY-ST-ZIP: CORAL GABLES FL	22 NAME:	2310 NE 215 ST.
TITLE: SD	NAME: NICHOLSON, MARLENE	23 STREET ADDRESS:	N. MIAMI BEACH, FL
STREET ADDRESS: 460 NW 139 ST	CITY-ST-ZIP: NORTH MIAMI FL	24 CITY-ST-ZIP:	AD DON MAZZONE
TITLE: VD	NAME: KRINER, ART JR	31 TITLE:	8501 NW 170 LANE
STREET ADDRESS: 3917 ADAMS ST	CITY-ST-ZIP: HOLLYWOOD FL	32 NAME:	MIAMI, FL 33015
TITLE: TD	NAME: VAN KIRK, DOTTIE	33 STREET ADDRESS:	
STREET ADDRESS: 1147 HOLLYWOOD BLVD	CITY-ST-ZIP: HOLLYWOOD FL	34 CITY-ST-ZIP:	D MARLENE NICHOLSON
		41 TITLE:	460 NW 139 ST.
		42 NAME:	N. MIAMI, FL
		43 STREET ADDRESS:	
		44 CITY-ST-ZIP:	51 TITLE: FRANCISCO GIROA JR
		52 NAME:	4851 SW 146 AVE
		53 STREET ADDRESS:	MIAMI, FL 33175
		54 CITY-ST-ZIP:	
		61 TITLE:	
		62 NAME:	
		63 STREET ADDRESS:	
		64 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Dottie Van Kirk* DOTTIE VANKIRK 4/28/96 954-921-4569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)