

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 708152 (4)
1. Corporation Name
INTERNATIONAL SWIMMING HALL OF FAME, INC.

Principal Place of Business: 1 HALL OF FAME DR. FORT LAUDERDALE FL 33316
Mailing Address: 1 HALL OF FAME DR. FORT LAUDERDALE FL 33316

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

APPROVED AND FILED
95 APR 28 PM 6:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: 11/23/1964
3a. Date of Last Report: 02/16/1994

4. FEI Number: 59-1087179
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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: EXEMPT \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
FREAS, SAMUEL J., DR. ED D
1 HALL OF FAME DRIVE
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

1.1 TITLE: SD
1.2 NAME: KEMPTHORNE, ALICE
1.3 STREET ADDRESS: 5701 BAYVIEW DRIVE
1.4 CITY - ST - ZIP: FT LAUDERDALE, FL 00000

2.1 TITLE: TD
2.2 NAME: RINGEL, REED
2.3 STREET ADDRESS: 105 LAKE EMERALD 802
2.4 CITY - ST - ZIP: FT LAUDERDALE, FL 00000

3.1 TITLE: VD
3.2 NAME: TOPLIN, RICHARD
3.3 STREET ADDRESS: ONE EAST BRO. BLVD
3.4 CITY - ST - ZIP: FT LAUDERDALE, FL 00000

4.1 TITLE: TD
4.2 NAME: KENT, WILLIAM A
4.3 STREET ADDRESS: 5100 DUPONT BLVD
4.4 CITY - ST - ZIP: FT LAUDERDALE FL

5.1 TITLE: CEO
5.2 NAME: FREAS, SAMUEL J., DR. ED
5.3 STREET ADDRESS: 1 HALL OF FAME DR.
5.4 CITY - ST - ZIP: FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Change Addition
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY - ST - ZIP:

2.1 TITLE: CHAIRMAN OF THE BOARD (CD) Change Addition
2.2 NAME: ROGERS B. HOLMES
2.3 STREET ADDRESS: 6550 ROOSEVELT BLVD
2.4 CITY - ST - ZIP: JACKSONVILLE, FL 32244

3.1 TITLE: VD Change Addition
3.2 NAME: REED RINGEL
3.3 STREET ADDRESS: 105 LAKE EMERALD 802
3.4 CITY - ST - ZIP: FT LAUDERDALE, FL 33309

4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY - ST - ZIP:

5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY - ST - ZIP:

6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 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 included 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 in an attachment with an addition.

SIGNATURE: *Samuel J. Freas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-20-95
Initials: 305/462-6536