

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 11/23/1964	
4. FEI Number 59-1087179	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Sulte, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

81 Name		
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City	85 FL	Zip Code

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 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	KEMPTHORNE, ALICE	
STREET ADDRESS	5701 BAYVIEW DRIVE	
CITY - ST - ZIP	FT LAUDERDALE, FL 00000	
TITLE	COB	<input checked="" type="checkbox"/> DELETE
NAME	HOLMES, ROGERS B	
STREET ADDRESS	8550 ROOSEVELT BLVD	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JOTCHAM, T D	
STREET ADDRESS	ONE LAS OLAS CIR, #1101	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KENT, WILLIAM A	
STREET ADDRESS	5100 DUPONT BLVD	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	FREAS, SAMUEL J., DR. ED	
STREET ADDRESS	1 HALL OF FAME DR.	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	COB
2.3 STREET ADDRESS	T. Denis Jotcham
2.4 CITY - ST - ZIP	One las Olas Circle #1101 Ft.laud, FL 33316
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VD
3.3 STREET ADDRESS	Harry Holiday
3.4 CITY - ST - ZIP	Country Club of Florida, One Sandpiper Dr Village of Aulife FL 33436
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I 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 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: *[Signature]* 4.9.98 462 6536

CFR2E037 (10/97)