

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N17352** (8)

1. Corporation Name

WATER SPORTS INDUSTRY ASSOCIATION, INC.



Principal Place of Business	Mailing Address
% JOHN RIDDLE 200 CASTLEWOOD DRIVE NORTH PALM BEACH FL 33408-5666	% JOHN RIDDLE 200 CASTLEWOOD DRIVE NORTH PALM BEACH FL 33408-5666

3. Date Incorporated or Qualified 10/16/1986	3a. Date of Last Report 02/01/1995
4. FEI Number 59-2766476	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, 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	10. Name and Address of New Registered Agent
HOTCHKISS, JIM WATER SPORTS INDUSTRY ASSOCIATION 200 CASTLEWOOD DRIVE NORTH PALM BEACH FL 33408	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	FL

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 registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, GORDY	1.2 NAME	
STREET ADDRESS	20621 52ND STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	LYNWOOD WA	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELOON, WALT	2.2 NAME	
STREET ADDRESS	6100 SOUTH ORANGE AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDRIDGE, GLENN	3.2 NAME	
STREET ADDRESS	100 CHEROKEE COVE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	VONROE TN	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REICH, BOB	4.2 NAME	
STREET ADDRESS	14615 NE 91ST STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	REDMOND WA	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNOW, TERRY	5.2 NAME	Stan Heinricher
STREET ADDRESS	330 WEST CANTON	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILIP, GUY	6.2 NAME	
STREET ADDRESS	17622 NE 67TH COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	REDMOND WA	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 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: *James Hotchkiss* James Hotchkiss 1/31/96 (407) 840-1180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)