

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33408-5604

3. Date Incorporated or Qualified
10/16/1986

3a. Date of Last Report
02/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number
59-2766476

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

FL

85 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLMES, GORDY	
STREET ADDRESS	20621 52ND STREET	
CITY-ST-ZIP	LYNWOOD WA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MELOON, WALT	
STREET ADDRESS	6100 SOUTH ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SANDRIDGE, GLENN	
STREET ADDRESS	100 CHEROKEE COVE DRIVE	
CITY-ST-ZIP	VONROE TN	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	REICH, BOB	
STREET ADDRESS	14615 NE 91ST STREET	
CITY-ST-ZIP	REDMOND WA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HEINRICHER, STAN	
STREET ADDRESS	330 WEST CANTON	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FILIP, GUY	
STREET ADDRESS	17622 NE 67TH COURT	
CITY-ST-ZIP	REDMOND WA	

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	Dorton, John
2.3 STREET ADDRESS	Mastercraft Boat Company
2.4 CITY-ST-ZIP	100 Cherokee Cove Dr. Vonore, TN 37885
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kennedy, Paul
3.3 STREET ADDRESS	O'Brien Int'l
3.4 CITY-ST-ZIP	PO Box 97020 Redmond WA 98073
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Carley, Pat
4.3 STREET ADDRESS	Straight-Line Enterprises
4.4 CITY-ST-ZIP	9660 153rd Ave NE Redmond WA 98052
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Emmons, Jim
5.3 STREET ADDRESS	World Publications
5.4 CITY-ST-ZIP	330 West Canton Winter Park FL 32789
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 do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0040585

James Holthuis 1-21-97 561/840-1185

CP2E037 (9/96)