


FILE NOW: FILING FEE IS \$61.25

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**Jan 30 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 # N17352 (8)
1. Corporation Name
WATER SPORTS INDUSTRY ASSOCIATION, INC.



Principal Place of Business % JOHN RIDDLE 200 CASTLEWOOD DRIVE NORTH PALM BEACH FL 33408-5666	Mailing Address % JOHN RIDDLE 200 CASTLEWOOD DRIVE NORTH PALM BEACH FL 33408-5666
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3. Date Incorporated or Qualified 10/16/1986	
4. FEI Number 59-2766476	Applied For <input type="checkbox"/> 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 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

9. Name and Address of Current Registered Agent

**HOTCHKISS, JIM
WATER SPORTS INDUSTRY ASSOCIATION
200 CASTLEWOOD DRIVE
NORTH PALM BEACH FL 33408**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS

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 type="checkbox"/> DELETE
NAME	KENNEDY, PAUL	
STREET ADDRESS	O'BRIEN INT'L, P O BOX 97020	
CITY-ST-ZIP	VONROE TN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CARLEY, PAT	
STREET ADDRESS	9660 153RD AVE NE	
CITY-ST-ZIP	REDMOND WA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EMMONS, JIM	
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	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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] 1-8-98 561/840-1180

CR2E037 (10/97)