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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N17352
 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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/16/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2766476
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

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 FL 85 Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 checked="" type="checkbox"/> Addition
NAME	HOLMES, GORDY	1.2 NAME	John Dorton
STREET ADDRESS	20621 52ND STREET	1.3 STREET ADDRESS	100 Cherokee Cove Drive
CITY-ST-ZIP	LYNWOOD WA	1.4 CITY-ST-ZIP	Vonore, TN 37885
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 checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, PAUL	3.2 NAME	
STREET ADDRESS	O'BRIEN INT'L, P O BOX 97020	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	CARLEY, PAT	4.2 NAME	
STREET ADDRESS	9660 153RD AVE NE	4.3 STREET ADDRESS	
CITY-ST-ZIP	REDMOND WA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMMONS, JIM	5.2 NAME	
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	VP <input checked="" 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 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, with all other like empowered.

SIGNATURE: James Hotchkiss *James Hotchkiss* 1-15-99 561-8401180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)