


FILE NOW: FILING FEE IS \$61.25

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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90082 046 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/16/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip Country		28 Zip Country		59-2766476	
24		29		30	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				<input type="checkbox"/> Added to Fees \$5.00 May Be	

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 reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
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 (11/98)