


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N50776 (6)
1. Corporation Name
ORLANDO AREA SPORTS COMMISSION, INC.



Principal Place of Business 126 E LUCERNE CIRCLE ORLANDO FL 32801 US	Mailing Address 126 E LUCERNE CIRCLE ORLANDO FL 32801-4401 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/10/1992	3a. Date of Last Report 01/29/1996
21	26	4. FEI Number 59-3152788		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
RANDY JOHNSON 672 BELLHURST COURT ORLANDO FL 32835				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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, RANDY	1.2 NAME	RANDY JOHNSON
STREET ADDRESS	672 BELLHURST COURT	1.3 STREET ADDRESS	672 Bellhurst Court
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	ORLANDO, FL 32835
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL, GENE B	2.2 NAME	GEORGE AGUEL
STREET ADDRESS	200 S ORANGE AVE 0-1073	2.3 STREET ADDRESS	P.O. Box 10,000 N/A
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	LAKE BUENA VISTA, FL 32830
TITLE	CD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIRA, LEE	3.2 NAME	JIM MURPHY
STREET ADDRESS	3300 S HIWASSEE, ST 107	3.3 STREET ADDRESS	1140 JENNY RIDGE TRAIL
CITY - ST - ZIP	ORLANDO FL	3.4 CITY - ST - ZIP	KISSIMMEE, FL 34747
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *[Handwritten Signature]* 29th 97 407 648 4900

CR2E037 (9/96)