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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000000562 (9)
1. Corporation Name
SOUTHERN REGION SHOW SKI ASSOCIATION, INC.

Principal Place of Business 508 HILLSIDE DRIVE AUBURDALE FL 33823	Mailing Address 508 HILLSIDE DRIVE AUBURDALE FL 33823
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/03/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3173419	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 3925 N.W. 37th Place Suite, Apt. #, etc.	2a. Mailing Address 26 3925 N.W. 37th Place Suite, Apt. #, etc.
22 City & State Gainesville, Fl.	27 City & State Gainesville, Fl.
23 Zip 32606	28 Country U.S.A.
24 Zip 32606	29 Country U.S.A.

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**WILMOUTH, VICKIE G
2514 MORRISON AVENUE
TAMPA FL 33629**

10. Name and Address of New Registered Agent

81 Name Twila Beyer
82 Street Address (P.O. Box Number is Not Acceptable) 2745 Night Hawk Ct.
83
84 City Longwood
85 Zip Code FL 32779

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Twila Beyer STD Twila Beyer 4/13/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE PD	NAME ROSE, KEN	STREET ADDRESS 508 HILLSIDE DRIVE	CITY-ST-ZIP AUBURDALE FL 33823
TITLE VD	NAME BLAIS, PAUL	STREET ADDRESS 3480 CRYSTAL STREET	CITY-ST-ZIP WINTER GARDEN FL 34787
TITLE STD	NAME WILMOUTH, VICKIE	STREET ADDRESS 2514 MORRISON AVENUE	CITY-ST-ZIP TAMPA FL 33629
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME MUGGEO, DINO	
1.3 STREET ADDRESS 3925 N.W. 37th Place	
1.4 CITY-ST-ZIP GAINESVILLE, FL. 32606	
2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME RODGER BENNETT	
2.3 STREET ADDRESS 4656 E. LAKE CIRCLE	
2.4 CITY-ST-ZIP SARASOTA, FL. 34232	
3.1 TITLE STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME TWILA BEYER	
3.3 STREET ADDRESS 2745 NIGHT HAWK CT.	
3.4 CITY-ST-ZIP LONGWOOD, FL 32779	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Twila Beyer Twila Beyer 4/13/95 407-774-0646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone (Area)