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Jun 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham 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 3925 N. W. 37TH PLACE GAINESVILLE FL 32608 US	Mailing Address 3925 N.W.37TH PLACE GAINESVILLE FL 32606-6145 US
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3. Date Incorporated or Qualified 02/03/1993	3a. Date of Last Report 01/31/1996
4. FEI Number 59-3173419	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 19100 FORREST DR Suite, Apt. #, etc.	2a. Mailing Address 26 19100 FORREST DR Suite, Apt. #, etc.
22 City & State 23 ODESSA FL	27 City & State 28 ODESSA, FL
24 Zip 33556	25 Country USA
29 Zip 33556	30 Country USA

9. Name and Address of Current Registered Agent
**BEYER, TWILA
2745 NIGHT HAWK CT.
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

81 Name GARRY STOUT
82 Street Address (P.O. Box Number is Not Acceptable) 19100 FORREST DR.
83
84 City ODESSA
85 Zip Code FL 33556

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]* DATE **6-11-97**

12. OFFICERS AND DIRECTORS

TITLE PD	NAME MUGGEO, DINO	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 3925 N. W. 37TH PLACE	CITY-ST-ZIP GAINESVILLE FL	
TITLE VD	NAME BENNETT, RODGER	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 4856 E. LAKE CIRCLE	CITY-ST-ZIP SARASOTA FL	
TITLE STD	NAME BEYER, TWILA	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 2745 NIGHT HAWK COURT	CITY-ST-ZIP LONGWOOD FL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D	1.2 NAME PRESIDENT - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS KEN ROSE	1.4 CITY-ST-ZIP 506 HILLSIDE DR. AUBURNDALE FL 33823	
2.1 TITLE D	2.2 NAME VICE PRESIDENT - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS JIM KRANENBONK	2.4 CITY-ST-ZIP 3180 LAKE SAXON DR. LAND O' LAKE, FL 34639	
3.1 TITLE D	3.2 NAME SECTY/TREAS. - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS GARRY STOUT	3.4 CITY-ST-ZIP 19100 FORREST DR ODESSA FL 33556	
4.1 TITLE	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	
5.1 TITLE	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	
6.1 TITLE	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS	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 *[Signature]* DATE **6-11-97**

CR2E037 (9/96)