


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 768996 (1) 1. Corporation Name FLORIDA SKI COUNCIL, INC.			
Principal Place of Business ACTIVE LIFESTYLES 5900 S. TAMiami TRAIL SARASOTA FL 34231 US		Mailing Address ACTIVE LIFESTYLES 5900 S. TAMiami TRAIL SARASOTA FL 34231-9352 US	
2. Principal Place of Business 21 1579 Golfside Drive Suite, Apt. #, etc. 22 City & State 23 Winter Park, FL Zip 24 32792 Country 25 USA		2a. Mailing Address 26 1579 Golfside Drive Suite, Apt. #, etc. 27 City & State 28 Winter Park, FL Zip 29 32792 Country 30 USA	
3. Date Incorporated or Qualified 06/20/1983		3a. Date of Last Report 02/21/1996	
4. FEI Number 59-2297453		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 checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent SHOCKETT, WILLIAM E. 1301 DADE BLVD. MIAMI BEACH FL 33139		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	
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 _____			
12. OFFICERS AND DIRECTORS			
TITLE	DVP	<input type="checkbox"/> DELETE	
NAME	THOMPSON, BOB		
STREET ADDRESS	417 SNAPPING TURTLE COURT, EAST		
CITY-ST-ZIP	ATLANTIC BEACH FL 32233		
TITLE	DT	<input type="checkbox"/> DELETE	
NAME	RHAWN, WILLIAM		
STREET ADDRESS	5229 SHADOWLAWN DRIVE		
CITY-ST-ZIP	SARASOTA FL		
TITLE	TPP	<input checked="" type="checkbox"/> DELETE	
NAME	DAVIS, BOB		
STREET ADDRESS	9688 DEER RUN DR.		
CITY-ST-ZIP	PONTE VEDRA BCH. FL		
TITLE	DP	<input type="checkbox"/> DELETE	
NAME	DESILET, AL		
STREET ADDRESS	5009 SPRING LAKE DRIVE		
CITY-ST-ZIP	TAMPA FL		
TITLE	DPP	<input checked="" type="checkbox"/> DELETE	
NAME	INDIANER, LENNY		
STREET ADDRESS	501 PLAZA BLVD.		
CITY-ST-ZIP	DAYTONA BEACH FL		
TITLE	TPP	<input checked="" type="checkbox"/> DELETE	
NAME	BOROVICKA, PAULINE		
STREET ADDRESS	19510 N. W. 1ST COURT		
CITY-ST-ZIP	MIAMI FL		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP	34242		
3.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.2 NAME	Jim Nicholas		
3.3 STREET ADDRESS	525 Island Court		
3.4 CITY-ST-ZIP	Indian Harbour Beach, FL 32937		
4.1 TITLE	DPP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP	33629		
5.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
5.2 NAME	Kim Miller		
5.3 STREET ADDRESS	1579 Golfside Drive		
5.4 CITY-ST-ZIP	Winter Park, FL 32792		
6.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
6.2 NAME	Diana Rao		
6.3 STREET ADDRESS	4317 Oakhurst Terrace		
6.4 CITY-ST-ZIP	Tampa, FL 33624		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Kim Miller Treasurer 3/23/97 407 384-0834
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0080951

CR2E037 (9/96)