


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 705671 (6)
 1. Corporation Name
OFFSHORE POWER BOAT RACING ASSOCIATION, INC.



Principal Place of Business P.O. BOX 69-4733 MIAMI FL 33269-0733	Mailing Address P.O. BOX 69-4733 MIAMI FL 33269-1733
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/30/1963		3a. Date of Last Report 02/12/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-1172394		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. 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			
VANKIRK, DOTTIE 1147 HOLLYWOOD BLVD HOLLYWOOD FL 33019				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				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 *Dottie Van Kirk* **DOTTIE VAN KIRK** 3/31/97
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	<input type="checkbox"/> DELETE	1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELINE, RONALD M.		1.2 NAME	SPADONI, ART	
STREET ADDRESS	1680 SE 7TH ST		1.3 STREET ADDRESS	PO BOX 600 A62 3767 NE 168 ST #2	
CITY-ST-ZIP	DEERFIELD BCH FL		1.4 CITY-ST-ZIP	N. Miami Bch, FL 33160	
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENYON, JOHN		2.2 NAME	DON MAZZONE	
STREET ADDRESS	2310 NE 215 ST		2.3 STREET ADDRESS	8501 NW 170 LANE	
CITY-ST-ZIP	N MIAMI BCH. FL		2.4 CITY-ST-ZIP	MIAMI FL 33015	
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	(b) DEBBIE FLEISCHMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WERNER, MIKE		3.2 NAME	5707 NW 81 TERR.	
STREET ADDRESS	5100 MAGGIORE ST		3.3 STREET ADDRESS	TAMARAC, FL 33321	
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICHOLSON, MARLENE		4.2 NAME	JOSEPH PADOVANO	
STREET ADDRESS	480 NW 139 ST		4.3 STREET ADDRESS	770 CLAUGHTON ISLAND DR. #616	
CITY-ST-ZIP	NORTH MIAMI FL		4.4 CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VD	<input type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRINER, ART JR		5.2 NAME	JEFF HASSALL	
STREET ADDRESS	3917 ADAMS ST		5.3 STREET ADDRESS	1567 SW 42ND AVE #2	
CITY-ST-ZIP	HOLLYWOOD FL		5.4 CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	TD	<input type="checkbox"/> DELETE	6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAN KIRK, DOTTIE		6.2 NAME	ANTHONY MAZZONE	
STREET ADDRESS	1147 HOLLYWOOD BLVD		6.3 STREET ADDRESS	312 WESTWARD DR #1	
CITY-ST-ZIP	HOLLYWOOD FL		6.4 CITY-ST-ZIP	MIAMI SPRING FL 33166	

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.

CR2E037 (9/96)