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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 705671

1. Corporation Name

OFFSHORE POWER BOAT RACING ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 69-4733
MIAMI FL 33269-8733

Mailing Address

P.O. BOX 69-4733
MIAMI FL 33269-8733



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/30/1963

4. FEI Number

59-1172394

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

VANKIRK, DOTTIE
1147 HOLLYWOOD BLVD
HOLLYWOOD FL 33019

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 Dorothy Vankirk
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/99

12. OFFICERS AND DIRECTORS

TITLE SD
NAME FILIPPINO, ROBERT
STREET ADDRESS 1147 HOLLYWOOD BLVD.
CITY-ST-ZIP HOLLYWOOD FL 33019 ☒ DELETE

TITLE D
NAME KENYON, JOHN
STREET ADDRESS 2310 NE 215 ST
CITY-ST-ZIP N MIAMI BCH. FL ☐ DELETE

TITLE P
NAME GIMMINO, TODD
STREET ADDRESS 14470 HICKORY COURT
CITY-ST-ZIP FT. LAUDERDALE FL 33325 ☒ DELETE

TITLE D
NAME MAZZONE, DON
STREET ADDRESS 8501 N.W. 170 LANE
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE VD
NAME KRINER, ART JR
STREET ADDRESS 3917 ADAMS ST
CITY-ST-ZIP HOLLYWOOD FL ☐ DELETE

TITLE TD
NAME VAN KIRK, DOTTIE
STREET ADDRESS 1147 HOLLYWOOD BLVD
CITY-ST-ZIP HOLLYWOOD FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SECT.
1.2 NAME COOPER, DAVID C
1.3 STREET ADDRESS 3745 NE 171 ST #58
1.4 CITY-ST-ZIP N. MIAMI BCH, FL 33160 ☐ Change ☒ Addition

2.1 TITLE VICE PRES
2.2 NAME KENYON JOHN
2.3 STREET ADDRESS 2310 NE 215 ST
2.4 CITY-ST-ZIP N MIAMI BCH FL 33180 ☒ Change ☐ Addition

3.1 TITLE DEBBIE FLEISCHMAN
3.2 NAME 8612 NW 79 ST
3.3 STREET ADDRESS TAMARAC, FL 33321 ☐ Change ☒ Addition

4.1 TITLE JEFF HASSSELL
4.2 NAME 1567 SW 42ND AVE #2
4.3 STREET ADDRESS CORAL GABLES, FL 33134 ☐ Change ☒ Addition

5.1 TITLE P
5.2 NAME KRINER, ART JR
5.3 STREET ADDRESS 3917 ADAMS ST
5.4 CITY-ST-ZIP HOLLYWOOD, FL 33019 ☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: MUSTAPHA MUSTAPHA
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 954
923-2777
Date Daytime Phone #

CR2E037 (11/98)