FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

708768

(7)

SOUTHERN OCEAN RACING CONFERENCE, INC.

Principal Place of Business Mailing Address)		
1374 SOUTHEAST 14 STREET FORT LAUDERDALE FL 33316 US 1374 SOUTHEAST 14 STRE FORT LAUDERDALE FL 333 US 1374 SOUTHEAST 14 STRE								
					3. Date Incorporated or Qualified 04/08/1965	3a. Date of Li 04/18	est Report /1995	
2. Principal Pla	ace of Business	2a. Mailing Address	•		4. FEI Number 23-7027909		Applied For	
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.					237021909		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		.75 Additional ee Required	
City & State		City & State			6. Election Campaign Financing	\$5	.00 May Be	
23	28				Trust Fund Contribution			
Zip	Country Zip Cour 25 30			7	8. This corporation has liability for intangible tax under s. 199.032,			
24	9. Name and Address of Current		01		Florida Statutes L. 10. Name and Address of New Re	Yes No		
			81	Name				
MEAGHE	r, bob		82	Street A	ddress (P.O. Box Number is Not Acceptable	3)		
	UTHEAST 14 STREET							
FORT LA	UDERDALE FL 33316		83					
			84	City		FL 85	Zip Code	
11. Pursuant t	o the provisions of Sections 617.0502	and 617.1508, Florida Statutes, t	he above-	named cor	poration submits this statement for the purp	ose of changing i	its registered office	
or register	ed agent, or both, in the State of Florida h, and accept the obligations of, Section	a. Such change was authorized b	by the comp	oration's b	oard of directors. I hereby accept the appoi	ntment as registe	red agent. I am	
SIGNATURE	,							
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registere				nt signature req	ulred when reinstating)	DATE	27000 #140	
12.	OFFICERS AND	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Chan		
NAME	MEAGHER, BOB	Пресси	1.2 NAME				ge	
STREET ADDRESS	1374 SOUTHEAST 14 STREET			ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL		1.4 CITY-5					
1)TLE	VCD	DELETE	2.1 TITLE			Chan	nge 🔲 Addition	
NAME	BATLER, KEN		2.2 NAME		BATZER, KEN		1	
STREET ADDRESS	2410 NORTHEAST 34 COURT		2.3 STREET	T ADDRESS	,			
CITY-ST-ZIP	LIGHTHOUSE POINT FL	DELETE	2. 4 CITY-	ST-ZIP		Chan	nge	
TITLE NAME	MARTIN, JOHN	Преселе	3.1 TITLE 3.2 NAME			Lician	.ge Addition	
STREET ADDRESS	5940 SOUTHWEST 63 COURT			T ADDRESS				
CITY-S1-ZIP	MIAMI FL		3.4. CITY-					
TITLE	TD	DELETE	4.1 TITLE			☐ Chan	ige 🔲 Addition	
NAME	GRIMM, PETER		4. 2 NAME					
STREET ADDRESS	901 SOUTHEAST 17 STREET		4.3 STREE	T ADDRESS				
CITY - ST - ZIP	FORT LAUDERDALE FL	Doctor	4.4 CITY-	ST-ZIP		- Char	non [] Addition	
TITLE		DELETE	5.1 TITLE 5.2 NAME			☐ Chan	nge	
NAME STREET ADDRESS				T ADDRESS				
CITY-S1-ZIP			5.4 CITY-1					
TITLE		DELETE	6.1 TITLE			☐ Chan	nge 🔲 Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY-ST-ZIP	and the thet the information and the first	dala atala attina ta control de altre	6.4 CiTY-		further anomation stated in Continue 140.0	TIOUIN Floride Or	ot dog 16 db -	
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 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 SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Designing Office of Director								