

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 20 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # 708768 (7)
1. Corporation Name
SOUTHERN OCEAN RACING CONFERENCE, INC.



| | |
|---|---|
| Principal Place of Business 1374 SOUTHEAST 14 STREET FORT LAUDERDALE FL 33316 US | Mailing Address 1374 SOUTHEAST 14 STREET FORT LAUDERDALE FL 33316 US |
|---|---|

| | |
|---|-------------------------------|
| 3. Date Incorporated or Qualified 04/08/1965 | |
| 4. FEI Number 23-7027909 | Applied For Not Applicable |

| | |
|---------------------------------|---------------------|
| 21. Principal Place of Business | 2a. Mailing Address |
| 22. Suite, Apt. #, etc. | 26. 757 SE 17 ST |
| 23. City & State | 27. BOX 232 |
| 24. Zip | 28. FT LAUDERDALE |
| 25. Country | 29. 33316 |
| | 30. USA |

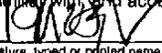
| | |
|--|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
MEAGHER, BOB
1374 SOUTHEAST 14 STREET
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

| | |
|---|----------------------|
| 81 Name | GILLETTE, DENNIS C. |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 757 SE 17 ST BOX 232 |
| 83 | |
| 84 City | FT LAUDERDALE FL |
| 85 Zip Code | 33316 |

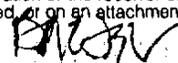
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. 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 | CD | <input checked="" type="checkbox"/> DELETE |
| NAME | MEAGHER, BOB | |
| STREET ADDRESS | 1374 SOUTHEAST 14 STREET | |
| CITY-ST-ZIP | FORT LAUDERDALE FL | |
| TITLE | VCD | <input type="checkbox"/> DELETE |
| NAME | BATZER, KEN | |
| STREET ADDRESS | 2410 NORTHEAST 34 COURT | |
| CITY-ST-ZIP | LIGHTHOUSE POINT FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | HASTINGS, JOHN | |
| STREET ADDRESS | 1408 S MIAMI RD. | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|-------------------------|--|
| 1.1 TITLE | GILLETTE, DENNIS C. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | 757 SE 17 ST - BOX 232 | |
| 1.4 CITY-ST-ZIP | FT LAUDERDALE, FL-33316 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  1/5/98 954-765-1974

CR2E037 (10/97)