

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **708768** (7)

1. Corporation Name

**SOUTHERN OCEAN RACING CONFERENCE, INC.**



Principal Place of Business <b>1374 SOUTHEAST 14 STREET FORT LAUDERDALE FL 33316 US</b>	Mailing Address <b>1374 SOUTHEAST 14 STREET FORT LAUDERDALE FL 33316 US</b>
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3. Date Incorporated or Qualified <b>04/08/1965</b>	4. FEI Number <b>23-7027909</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b> <b>757 SE 17 ST</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b> <b>BOX 232</b>
City & State <b>23</b>	City & State <b>28</b> <b>FT LAUDERDALE</b>
Zip <b>24</b>	Zip <b>29</b> <b>33316</b>
Country <b>25</b>	Country <b>30</b> <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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 <b>MEAGHER, BOB 1374 SOUTHEAST 14 STREET FORT LAUDERDALE FL 33316</b>	10. Name and Address of New Registered Agent <b>81 Name GILLETTE, DENNIS C. 82 Street Address (P.O. Box Number is Not Acceptable) 157 SE 17 ST BOX 232 83 84 City FT LAUDERDALE FL 85 Zip Code 33316</b>
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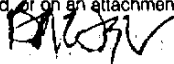
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD MEAGHER, BOB 1374 SOUTHEAST 14 STREET FORT LAUDERDALE FL</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>GILLETTE, DENNIS C.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>757 SE 17 ST - BOX 232 FT LAUDERDALE, FL-33316</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD BATZER, KEN 2410 NORTHEAST 34 COURT LIGHTHOUSE POINT FL</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD HASTINGS, JOHN 1408 S MIAMI RD. MIAMI FL</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

 FULL REQUIRED

1/5/98 954-763-1974

CR2E037 (10/97)