


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 13 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 717878 (3)
 1. Corporation Name
 KEY WEST POWER BOAT RACE ASSOCIATION, INC.



Principal Place of Business: 1121 MARGARET STREET, KEY WEST FL 33040
 Mailing Address: P.O. BOX 1200, KEY WEST FL 33040

3. Date Incorporated or Qualified: 01/13/1970
 4. FEI Number: 65-0205527
 Applied For: Not Applicable

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

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

9. Name and Address of Current Registered Agent
 KIMES, JIM
 1121 MARGARET STREET
 KEY WEST FL 33040

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	KIMES, SHARRAN L	
STREET ADDRESS	36 PALMETTO DRIVE	
CITY-ST-ZIP	KEY WEST FL 33050	
TITLE	VP	DELETE
NAME	PETERSON, JOAN	
STREET ADDRESS	22926 TEACH LANE	
CITY-ST-ZIP	CUD JOE KEY FL 33050	
TITLE	T	DELETE
NAME	KIMES, JAMES R	
STREET ADDRESS	36 PALMETTO DRIVE	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	S	DELETE
NAME	LE GOUMPTTE, WILLIAM	
STREET ADDRESS	EAGLE AVE.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D - Pres	Change	Addition
1.2 NAME	Kimes Sharon L		
1.3 STREET ADDRESS	36 Palmetto Dr		
1.4 CITY-ST-ZIP	Key West, FL 33040		
2.1 TITLE	D - TREAS	Change	Addition
2.2 NAME	Peterson John		
2.3 STREET ADDRESS	22926 Teach Ln		
2.4 CITY-ST-ZIP	Cudjoe Key, FL 33042		
3.1 TITLE	D - Kimes, James V.P.	Change	Addition
3.2 NAME			
3.3 STREET ADDRESS	36 Palmetto Dr.		
3.4 CITY-ST-ZIP	Key West, FL 33040		
4.1 TITLE	D - SEC	Change	Addition
4.2 NAME	LeCompte, William		
4.3 STREET ADDRESS	EAGLE AVE.		
4.4 CITY-ST-ZIP	Key West, FL 33040		
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	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)(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: John Peterson Tre 8/7/98 305-294-1271
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)