

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765162 (3)
1. Corporation Name
HOWLING HURRICANES SUPER FANS ORGANIZATION, INC.



Principal Place of Business 1150 THRUSH AVE. MIAMI SPRINGS FL 33166-0151 US	Mailing Address P. O. BOX 66-1111 MIAMI SPRINGS FL 33266-1111 US
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

3. Date Incorporated or Qualified 09/22/1982	3a. Date of Last Report 05/10/1996
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent ANDERSON, KEVIN A. 39 EAST 8TH ST HIALEAH FL 33010	10. Name and Address of New Registered Agent <table border="1"> <tr> <td>81 Name R. Edward Holmes</td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable) 1150 Thrush Avenue</td> </tr> <tr> <td>83</td> </tr> <tr> <td>84 City Miami Springs</td> </tr> <tr> <td>85 Zip Code FL 33166</td> </tr> </table>	81 Name R. Edward Holmes	82 Street Address (P.O. Box Number is Not Acceptable) 1150 Thrush Avenue	83	84 City Miami Springs	85 Zip Code FL 33166
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83						
84 City Miami Springs						
85 Zip Code FL 33166						

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 *R. Edward Holmes* **R. Edward Holmes** **5/1/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, JAMES A	1.2 NAME	
STREET ADDRESS	1150 THRUSH AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI SPRINGS FL	1.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, R EDWARD	2.2 NAME	
STREET ADDRESS	1150 THRUSH AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI SPRINGS FL	2.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, JEAN A.	3.2 NAME	
STREET ADDRESS	1150 THRUSH AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI SPRINGS FL	3.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, JOHN A.	4.2 NAME	
STREET ADDRESS	1150 THRUSH AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI SPRINGS FL	4.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, MARYANNE W.	5.2 NAME	
STREET ADDRESS	1150 THRUSH AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI SPRINGS FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 *R. Edward Holmes* **R. Edward Holmes, President** **5/1/97 (305) 775-3934**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0034154

CR2E037 (9/96)