


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 16, 1999 8:00 am**  
**Secretary of State**

02-16-1999 90012 002 \*\*\*\*70.00

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F98000000049**

1. Corporation Name

**INTERNATIONAL JET SPORTS BOATING ASSOCIATION, IN C.**

 Principal Place of Business  
 27142 BURBANK  
 FOOTHILL RANCH CA 92610

 Mailing Address  
 27142 BURBANK  
 FOOTHILL RANCH CA 92610


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/06/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		95-3773556	
24 Country		29 Country		30	
5. Certificate of Status Desired				Applied For	
<input checked="" type="checkbox"/>				<input type="checkbox"/>	
				Not Applicable	
6. Election Campaign Financing Trust Fund Contribution				5.00 Additional Fee Required	
<input type="checkbox"/>				<input type="checkbox"/>	
				5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

 SILLS, PAUL M  
 1173 SPRING CENTRE SOUTH BLVD, SUITE C  
 ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONSKI, HENRY	1.2 NAME	
STREET ADDRESS	730 E. STRAWBRIDGE AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32901	1.4 CITY-ST-ZIP	
TITLE	VC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEEHLER, BARRY	2.2 NAME	
STREET ADDRESS	9950 JERONIMO RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING CA 92718	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLOGLY, JAY	3.2 NAME	
STREET ADDRESS	1239 E. WARNER AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ANA CA 92705	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR

JAY GILLOGLY

3/2/99

949 558 5860 x114

Daytime Phone

CR2E037 (11/98)