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Jan 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # M09855 (1)  
1. Corporation Name  
POLARIS ENTERPRISES INC.



Principal Place of Business: 7800 N UNIV DR. STE 201 TAMARAC FL 33321 US  
Mailing Address: 8571 S.W. FIRST COURT CORAL SPRINGS FL 33071-7390

3. Date Incorporated or Qualified: 01/10/1985  
3a. Date of Last Report: 01/23/1996

2. Principal Place of Business: 21 1700 UNIVERSITY DR, 22 220, 23 CORAL SPRINGS FL, 24 33071, 25 USA  
2a. Mailing Address: 26 Suite, Apt. #, etc., 27 City & State: FL, 28 FL, 29 Zip, 30 Country  
4. FEI Number: 59-2481868  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: COHEN, AVIVA, 8571 S.W. FIRST COURT, CORAL SPRINGS FL 33071  
81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent in 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 607.0505, Florida Statutes.

SIGNATURE: [Signature] DATE: 1/10/97

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Delete, Change, and Addition.

14. I do 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 supplement/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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 1/10/97 954-833030

CR2E034 (9/96)