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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  
TAMPA FL 33621  
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 2a. Mailing Address

21 1700 UNIVERSITY DR  
Suite, Apt. #, etc.

22 220

23 CORAL SPRINGS FL  
City & State

24 33071  
Zip

25 USA  
Country

26  
Suite, Apt. #, etc.

27

28 FL  
City & State

29  
Zip

30  
Country

4. FEI Number 59-2481868  
Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New 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  
Signature typed in preparation of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and DELETE checkbox. Row 1: COHEN, AVIVA, 8571 SW 1ST COURT, CORAL SPRINGS FL.

Table with 5 columns: 1-TITLE, 1-NAME, 1-STREET ADDRESS, 1-CITY-ST-ZIP, and Change/Addition checkboxes. Rows 1-5 are empty.

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 appointment with an address.

SIGNATURE: *[Signature]* DATE 1/10/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)