

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N14509 (6)
1. Corporation Name

SEBRING SPECIAL EVENTS COMMITTEE, INC.



Principal Place of Business Mailing Address
309 S. CIRCLE AVENUE 309 S. CIRCLE AVENUE
SEBRING FL 33871-0084 SEBRING FL 33871-0084

3. Date Incorporated or Qualified 04/22/1986	3a. Date of Last Report 09/20/1995
4. FEI Number 59-2954678	Applied For Not Applicable
5. Certificate of Status Desired <input 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 type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

MCCOLLUM, JAMES F.
129 SOUTH COMMERCE AVENUE
SEBRING FL 33870

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

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

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	SPIEGEL, JON	
STREET ADDRESS	204 N CIRCLE AVE	
CITY - ST - ZIP	SEBRING FL	
TITLE	VP	DELETE
NAME	MEDER, JOHN	
STREET ADDRESS	3750 US 27 NORTH	
CITY - ST - ZIP	SEBRING FL 33870	
TITLE	T	DELETE
NAME	DUNCAN, BOB	
STREET ADDRESS	6801 US 27 NORTH	
CITY - ST - ZIP	SEBRING FL 33870	
TITLE	D	DELETE
NAME	BASHARA, JUDY	
STREET ADDRESS	204 N. CIRCLE AVE	
CITY - ST - ZIP	SEBRING FL 33870	
TITLE	P	DELETE
NAME	RICHARDSON, JAMES	
STREET ADDRESS	4113 NAVARRE AVE.	
CITY - ST - ZIP	SEBRING FL	
TITLE	D	DELETE
NAME	MEEKINS, TOM	
STREET ADDRESS	301 JAY AVE	
CITY - ST - ZIP	SEBRING FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Robert E. Duncan

Robert E. DUNCAN 7-10-96

Date

Daytime Phone #

941 -
385-5588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0013065

CR2E037 (3/96)