FILED FILE NOW: FILING FEE IS \$61.25 Apr 20 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (9)N27143 ORANGE COUNTY AIRBOAT ASSOCIATION, INC. Principal Place of Business Mailing Address 1980 ALADDIN CT. ST. CLOUD FL 34771 1980 ALADDIN CT. ST. CLOUD FL 34771 3. Date incorporated or Qualified 06/27/1988 4. FEI Number Applied For 59-2869922 Not Applicable 2. Principal Place of Business 2a. Malling Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 28 Zip Country Zip Country This corporation owes or has paid the current year Intangible Yes 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 RUCE BEAL, JOHNNY WAYNE 82 200 N CORTEZ AVE 83 WINTER SPRINGS FL 32708 loup 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 BRUCE A. WARD BOD 4///98 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE DDTITLE 1.1 TITLE BEAL, WAYNE Clinton 1 2 NAME NAME 200 N CORTEZ AVE 1.3 STREET ADDRESS STREET ADDRESS WINTER SPRINGS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE John 1053 NAME WARD, BRUCE A 2.2 NAME STREET ADDRESS 1960 ALADOIN CT. 2.3 STREET ADDRESS ST. CLOUD FL 34771 CITY-ST-ZIP 2. 4 City-ST-ZIP DELETE 3.1 TITLE TITLE 5035 Fishtail Palm Ave. NAME POTTS, BOBBY 32 NAME 1054 AMANDA LANE 3.3 STREET ADDRESS STREET ADDRESS COCOA FL 32922 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE TITLE 4.1 TITLE NAME PIERCE, DON 4 2 NAME 19100 C.R. 33 STREET ADDRESS 4.9 STREET ADDRESS **GROVELAND FL 34736** 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE BRUCE WARD H. POTTS, BOBBY 5.2 NAME NAME 5035 FISHTAIL PALM AVE 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA FL 5.4 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

SIGNATURE:

WATSON, CHUCK

5595 BARNA AVE

TITLE

NAME STREET ADDRESS

ill Johns 95 S. Camillia

Change

Addition