

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #	N45016	(5)
1. Corporation Name		
SOUTH FLORIDA LONGBOARD ASSOCIATION, INCORPORATE D		

Principal Place of Business	Mailing Address
P.O. BOX 292853 DAVIE FL 33329	P.O. BOX 292853 DAVIE FL 33329

2. Principal Place of Business	2a. Mailing Address
21 PO BOX 832	26 PO BOX 832
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Pompano Beach, FL	28 Pompano Beach, FL
Zip	Country
24 33061	25 USA
29 33061	30 USA

9. Name and Address of Current Registered Agent	
WORLEY, MICHAEL 5071 SW 117 WAY COOPER CITY FL 33330	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:24

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified	3a. Date of Last Report
09/06/1991	04/27/1994
4. FBI Number	Applied For Not Applicable
65-0158654	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032. Florida Statutes ☐ Yes ☒ No	

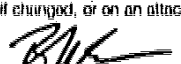
10. Name and Address of New Registered Agent	
81 Name	BARRY SHAW
82 Street Address (P.O. Box Number is Not Acceptable)	2472 BIMINI LANE
83	
84 City	FT. LAUDERDALE
85 Zip Code	FL 33312

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE  BARRY SHAW - TREASURER / MANAGING DIR. 4-7-95
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	DP	11 TITLE	☒ Change ☐ Addition
NAME	WORLEY, MICHAEL	12 NAME	D WORLEY, MICHAEL
STREET ADDRESS	5071 SW 117 WAY	13 STREET ADDRESS	5071 SW 117 WAY
CITY - ST - ZIP	COOPER CITY FL	14 CITY - ST - ZIP	COOPER CITY FL
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	WHITE, KEVIN	22 NAME	
STREET ADDRESS	549 W 55 PLACE	23 STREET ADDRESS	
CITY - ST - ZIP	HALEAH FL	24 CITY - ST - ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HUMPHRIES, DREW	32 NAME	
STREET ADDRESS	4288 14TH RD S	33 STREET ADDRESS	
CITY - ST - ZIP	W PALM BCH FL	34 CITY - ST - ZIP	
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	SHAW, BARRY	42 NAME	T/M SHAW, BARRY
STREET ADDRESS	2472 BIMINI LANE	43 STREET ADDRESS	2472 BIMINI LANE
CITY - ST - ZIP	FT LAUDERDALE FL	44 CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 110.07(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:  BARRY SHAW TREAS/M. DIR. 4-7-95 305-584-4151
Signature, typed or printed name of signing officer or director Date (Type in Phone #)