

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000001894 (5)

1. Corporation Name

**INTERNATIONAL SWIMMING HALL OF FAME SPECIAL EVEN
TS, INC.**



Principal Place of Business

**ONE HALL OF FAME DR.
FORT LAUDERDALE FL 33316**

Mailing Address

**ONE HALL OF FAME DR.
FORT LAUDERDALE FL 33316**

3. Date Incorporated or Qualified
04/28/1993

3a. Date of Last Report
07/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
FREAS, SAMUEL J
ONE HALL OF FAME DR.
FT. LAUDERDALE FL 33316**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
MATHISON, JACK
1350 W. BROWARD BLVD.
FT. LAUDERDALE FL**

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
HATFIELD, LAURA
ONE HALL OF FAME DR.
FT. LAUDERDALE FL 33316**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
MARVIN, STUART
ONE HALL OF FAME DR.
FT. LAUDERDALE FL 33316**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
KEMPTHORNE, ALICE P
ONE HALL OF FAME DR.
FT. LAUDERDALE FL 33316**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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:

Alvin P. Kempthorne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3-20-96

Date

Daytime Phone #

CR2E037 (12/95)