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Feb 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N94000000752
 1. Corporation Name
FLORIDA POWERBOAT RACING ASSOCIATION INC.

Principal Place of Business: 1049 Manor Drive, Lake Worth, FL 33461 (Pam Beach County)
 Mailing Address: P.O. Box 691, Lake Worth, FL 33460-0691 (Palm Beach County)

2. Principal Place of Business, 2a. Mailing Address, 21-24 (City, State, Zip, Country)

3. Date Incorporated or Qualified: 02-15-1994
 3a. Date of Last Report: 10-25-1995
 4. FEI Number: 65-0462727
 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
Rowe, Thomas
 1049 Manor Drive
 Lake Worth, FL 33461

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: *Thomas J. Rowe* DATE: 2-25-97
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	P/D	
NAME	Rowe, Thomas	
STREET ADDRESS	1049 Manor Drive	
CITY, ST, ZIP	Lake Worth, FL 33461	
TITLE	V/D	
NAME	Rowe, Sharon	
STREET ADDRESS	1049 Manor Drive	
CITY, ST, ZIP	Lake Worth, FL 33461	
TITLE	T/D	
NAME	Callahan, Daniel	
STREET ADDRESS	4677 Carthage Circle So	
CITY, ST, ZIP	Lake Worth, FL 33463	
TITLE		<input type="checkbox"/> DELETE
NAME	Loihle, William	
STREET ADDRESS	1103 NE Crown Terrace	
CITY, ST, ZIP	Jensen Beach, FL 34957	
TITLE	S	
NAME	Schick, Jennie	
STREET ADDRESS	3250 Atlantic Drive	
CITY, ST, ZIP	Boynton Beach, FL 33435	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 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: *Daniel Callahan* DATE: 02-20-1997 (561) 966-7875
SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)

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 2-25 JR