

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000001887 (8)**

1. Corporation Name

FLORIDA OUTBOARD RACING ASSOCIATION INC.



Principal Place of Business	Mailing Address
7690 OAKMONT ROAD LAKE WORTH FL 33467	7690 OAKMONT ROAD LAKE WORTH FL 33467-1220

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 6005 Mountain Lk Drive		26		04/13/1994		08/02/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-3214047		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Lakeland, Fla		28		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		7. Trust Fund Contribution		<input type="checkbox"/>	
24 33813		25 USA		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

PINNER, HARRY M JR
7690 OAKMONT ROAD
LAKE WORTH FL 33467

81 Name	W.L. Bud Gann
82 Street Address (P.O. Box Number is Not Acceptable)	6005 Mountain Lk Dr.
83	
84 City	Lakeland
85 Zip Code	FL 33813

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]* DATE: 1/19/96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROELICH, DAVID SR	1.2 NAME	Dan Slachta
STREET ADDRESS	3254 B ROAD	1.3 STREET ADDRESS	7210 Millbrook Oaks
CITY-ST-ZIP	LOXAHATCHEE FL 33417	1.4 CITY-ST-ZIP	Lakeland, Fla 33811
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, WILLIAM C	2.2 NAME	
STREET ADDRESS	234 N. LAKESHORE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34788	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROLIAN, ROBERT	3.2 NAME	
STREET ADDRESS	816 ALDERWOOD WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34243	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILLITER, KATIE	4.2 NAME	
STREET ADDRESS	2200 HIGHWAY 37 NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	MULBERRY FL 33860	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOTEN, PAUL	5.2 NAME	DAVID Bickham
STREET ADDRESS	1307 ARIANA WOOD CIRCLE	5.3 STREET ADDRESS	Box 747
CITY-ST-ZIP	AUBURNDALE FL 33823	5.4 CITY-ST-ZIP	San Mateo, Fla 332187
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 1/19/96 DAYTIME PHONE: (414) 444-7732

CR2E037 (9/96)