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Mar 18 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 # **N95000005297 (5)**

1. Corporation Name

FLORIDA OCEAN RACING ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1315 SEVERN AVE
TAMPA FL 33606**

**1315 SEVERN AVE
TAMPA FL 33606-4041**



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 11/06/1995	3a. Date of Last Report 04/30/1996
4. FEI Number 59-3340942	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TAYLOR, KEN
1315 SEVERN AVE
TAMPA FL 33606**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Secretary
NAME	DOHLE, RAYMOND	1.2 NAME	Stodola, Timothy J.
STREET ADDRESS	1314 CHARTER	1.3 STREET ADDRESS	3229 7th Ave N.
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	St. Petersburg, FL 33713
TITLE	VD	2.1 TITLE	
NAME	RODGERS, O H	2.2 NAME	
STREET ADDRESS	618 RIVIERA DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	DE WITT, PAMELA H	3.2 NAME	
STREET ADDRESS	614 MONTEREY BLVD NE #4	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33704	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	Fleet Captain
NAME	WILLSTEIN, ROBIN	4.2 NAME	Willstein, Robin
STREET ADDRESS	230 DANUBE AVE #208	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	WALKER, RICK	5.2 NAME	
STREET ADDRESS	1315 SEVERN AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Treasurer
NAME		6.2 NAME	Schiff, Gordon J.
STREET ADDRESS		6.3 STREET ADDRESS	2918 Wallcraft Ave
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Tampa FL 33611

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: *Gordon J. Schiff* 3/12/97 (813) 734344

CR2E037 (9/96)