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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **196000003697**
1. Corporation Name
HILLSBOROUGH RIVER RIDERS, INC.

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified 7/15/96 3a. Date of Last Report

2. Principal Place of Business 21 Shoney's Suite, Apt. #, etc. 22 1031 FOWLER AVE City & State 23 TAMPA, FL Zip 24 Country 25 USA	2a. Mailing Address 26 P.O. Box 16102 Suite, Apt. #, etc. 27 City & State 28 TAMPA, FL Zip 29 33687 Country 30 USA	4. FEI Number 196000003697 Applied For <input checked="" type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVE MIDDLETON
6601 GRACE SWEET Rd
RIVERVIEW, FL 33569

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 **DAVE MIDDLETON** **9/10/97**
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	DIRECTOR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARISTIE THOMAS	1.2 NAME	8000002333298
STREET ADDRESS	1110 WALN KARCH Rd.	1.3 STREET ADDRESS	-10/29/97--01131--006
CITY-ST-ZIP	LUTZ, FL 33549	1.4 CITY-ST-ZIP	*****70.00 *****70.00
TITLE	DIRECTOR <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAT VANETTA	2.2 NAME	
STREET ADDRESS	3040 E. KNIGHTS GRIFFIN AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DIANT City, FL 33565	2.4 CITY-ST-ZIP	
TITLE	DIRECTOR <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREW COLEMAN	3.2 NAME	
STREET ADDRESS	1017 HAMBLEWOOD LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33510	3.4 CITY-ST-ZIP	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVE MIDDLETON	4.2 NAME	
STREET ADDRESS	6601 GRACE SWEET Rd.	4.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW, FL 33569	4.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKE HENDERSON	5.2 NAME	
STREET ADDRESS	11408 WALKER Rd	5.3 STREET ADDRESS	
CITY-ST-ZIP	THONOTOSASSA, FL 33592	5.4 CITY-ST-ZIP	
TITLE	TREASURER <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IYETTE PERNAS	6.2 NAME	
STREET ADDRESS	18110 N 30TH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	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: **IYETTE PERNAS** **9/10/97** **8138703870**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)