

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

OFFICE OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -1 AM 10:51

DOCUMENT # **P94000036244 (9)**

1. Corporation Name

PRO INBOARD RACING ASSOCIATION, INC.

Principal Place of Business

**4631 N.E. 11 AVE.
FT. LAUDERDALE FL 33334**

Mailing Address

**4631 N.E. 11 AVE.
FT. LAUDERDALE FL 33334**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

4. FEI Number

65-0501859

Applied For

Not Applicable

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

**ANDREWS, JOHN S
ONE EAST BROWARD BLVD., STE. 1200
FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name

Carter Parrish

82 Street Address (P.O. Box Number is Not Acceptable)

4831 N. E. 11th Avenue

83

84 City

Fort Lauderdale

FL

85 Zip Code

33334

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE

Carter Parrish

Carter Parrish, President

5/3/95

(DATE)

12. OFFICERS AND DIRECTORS

12.1

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.2

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.3

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.4

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.5

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.6

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.7

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.2

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.3

TITLE

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STREET ADDRESS

CITY, ST, ZIP

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CITY, ST, ZIP

13.7

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NAME

STREET ADDRESS

CITY, ST, ZIP

P/D

NAME

STREET ADDRESS

CITY, ST, ZIP

13.8

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.9

TITLE

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STREET ADDRESS

CITY, ST, ZIP

13.10

TITLE

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STREET ADDRESS

CITY, ST, ZIP

13.11

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.12

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.13

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.14

TITLE

NAME

STREET ADDRESS

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Carter Parrish

Carter Parrish

5/3/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Typed Name)