

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 770634 (4)**  
1. Corporation Name  
**FAN ASSOCIATION OF NORTH AMERICA, INC.**



Principal Place of Business <b>6138 DEACON DRIVE WINDERMERE FL 34786</b>	Mailing Address <b>6138 DEACON DRIVE WINDERMERE FL 34786-8936</b>
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3. Date incorporated or Qualified <b>10/07/1983</b>	3a. Date of Last Report <b>04/24/1996</b>
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number <b>59-2381870</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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  
**JOHNSON, COLIN  
6138 DEACON DRIVE  
WINDERMERE FL 34786**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	<b>FL</b>

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>ED</b> <input type="checkbox"/> DELETE
NAME	<b>JOHNSON, COLIN</b>
STREET ADDRESS	<b>6138 DEACON DRIVE</b>
CITY-ST-ZIP	<b>WINDERMERE FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>BLUE, WENDY HAMILTON</b>
STREET ADDRESS	<b>2118 VAN BUREN DR</b>
CITY-ST-ZIP	<b>WHITEHALL PA</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WLADIS, MARY</b>
STREET ADDRESS	<b>1550 N. LAKE SHORE DRIVE 24 G</b>
CITY-ST-ZIP	<b>CHICAGO IL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ZELLEY, ELSA</b>
STREET ADDRESS	<b>511 71ST ST</b>
CITY-ST-ZIP	<b>HOLMES BCH FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>BRYANT, BONNIE</b>
STREET ADDRESS	<b>1809 W BURBANK BLVD, STE A</b>
CITY-ST-ZIP	<b>BURBANK CA</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DOCKENDORF, MICAEL</b>
STREET ADDRESS	<b>1 APPLETREE DR.</b>
CITY-ST-ZIP	<b>STAMFORD CT</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Bonnie Bryant* **BONNIE BRYANT** Treasurer/Director 818-563-1717  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0070585

CR2E037 (9/96)