

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **460622** (4)
1. Corporation Name
THE INVESTMENT CLUB OF NEW SMYRNA BEACH, INC.



Principal Place of Business Mailing Address
579 HAMILTON STREET NEW SMYRNA BEACH FL 32168-6552 **579 HAMILTON STREET NEW SMYRNA BEACH FL 32168-6552**

3. Date Incorporated or Qualified **09/04/1974** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-1555774** 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

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

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
SHANNON, DAVID 81. Name
110 COLUMBUS AVENUE 82. Street Address (P.O. Box Number is Not Acceptable)
NEW SMYRNA BEACH FL 83.
84. City **FL** 85. Zip Code

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | P HARRELL, JIMMY | 1.2 NAME | |
| STREET ADDRESS | 579 HAMILTON ST | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW SMYRNA BCH FL | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | V THOMPSON, ROBERT C | 2.2 NAME | |
| STREET ADDRESS | 579 HAMILTON ST | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW SMYRNA BCH FL | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | S BROWN, DOROTHY L | 3.2 NAME | |
| STREET ADDRESS | 579 HAMILTON ST | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW SMYRNA BCH FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | T BROWN, ALPHONSO | 4.2 NAME | |
| STREET ADDRESS | 579 HAMILTON ST | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW SMYRNA BCH FL | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D ROGERS, GORDON | 5.2 NAME | |
| STREET ADDRESS | 579 HAMILTON ST | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW SMYRNA BCH FL | 5.4 CITY-ST-ZIP | |
| 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alphonso D. Brown - Alphonso D. Brown 6-19-96 904-427-7064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digits of Phone #

CR2E034 (3/96)