

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 755710 (1)
1. Corporation Name
INDIAN ROCKS BEACH POST HOLDING CORPORATION, INC



Principal Place of Business: **1515 BAY PALM BLVD
P O BOX 1114
INDIAN ROCKS BEACH FL 34635**

Mailing Address: **1515 BAY PALM BLVD
P O BOX 1114
INDIAN ROCKS BEACH FL 34635**

3. Date Incorporated or Qualified: **12/30/1980** 3a. Date of Last Report: **02/03/1995**

2. Principal Place of Business: **21** Suite, Apt. #, etc. 2a. Mailing Address: **26** Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip 29 Country 30 Country

4. FEI Number: **56-6150993** 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

**PEDICONE, LEON
2304 BAY BLVD #A
INDIAN ROCKS BCH. FL 34635**

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINCHUH, R. HERBERT	1.2 NAME	
STREET ADDRESS	710 14TH AVE. S.W.	1.3 STREET ADDRESS	
CITY - ST - ZIP	LARGO FL	1.4 CITY - ST - ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOLLRATH, RUDOLPH	2.2 NAME	GREGORY, R. WILLIAM
STREET ADDRESS	307 16TH AVE.	2.3 STREET ADDRESS	3500 GULF BLVD. APT 214
CITY - ST - ZIP	INDIAN ROCK BCH FL	2.4 CITY - ST - ZIP	BELLEAIR BEACH, FL 34635
TITLE	SDV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORONI, KENNETH	3.2 NAME	
STREET ADDRESS	310 10 AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	INDIAN ROCKS BCH. FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONASTRA, EDWIN J.	4.2 NAME	
STREET ADDRESS	615 16TH ST. N.W.	4.3 STREET ADDRESS	
CITY - ST - ZIP	LARGO FL	4.4 CITY - ST - ZIP	
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORONI, KENNETH V.	5.2 NAME	
STREET ADDRESS	310 10TH AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	INDIAN RCKS BCH, FL00000	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUMPF, MARGARET L.	6.2 NAME	
STREET ADDRESS	9596 141ST ST N.	6.3 STREET ADDRESS	
CITY - ST - ZIP	LARGO FL	6.4 CITY - ST - ZIP	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GREGORY, R. WILLIAM
2.3 STREET ADDRESS	3500 GULF BLVD. APT 214
2.4 CITY - ST - ZIP	BELLEAIR BEACH, FL 34635
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 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: KENNETH V. MORONI *Kenneth V. Moroni* 2-7-96 813-595-1369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)