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Jan 22 1997 8:00am

Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33785-1114

2. Principal Place of Business 21
2a. Mailing Address 26
City & State 22
Country 23
Zip 24

3. Date Incorporated or Qualified 12/30/1980
3a. Date of Last Report 02/14/1996
4. FEI Number 56-6150993
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

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
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 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE P
NAME WINGHUN, R. HERBERT
STREET ADDRESS 740 14TH AVE. S.W.
CITY-ST-ZIP LARGO FL
TITLE V
NAME GREGORY, R W
STREET ADDRESS 3500 GULF BLVD., APT. 214
CITY-ST-ZIP BELLEAIR BEACH FL
TITLE SDV
NAME MORONI, KENNETH
STREET ADDRESS 310 10 AVENUE
CITY-ST-ZIP INDIAN ROCKS BCH. FL
TITLE D
NAME MONASTRA, EDWIN J.
STREET ADDRESS 615 16TH ST. N.W.
CITY-ST-ZIP LARGO FL
TITLE DS
NAME MORONI, KENNETH V.
STREET ADDRESS 310 10TH AVE.
CITY-ST-ZIP INDIAN ROCKS BCH, FL 00000
TITLE D
NAME KUMPF, MARGARET L.
STREET ADDRESS 9596 141ST ST N.
CITY-ST-ZIP LARGO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE P
1.2 NAME PEDICONE, LEON
1.3 STREET ADDRESS 2304 BAY BLVD #A
1.4 CITY-ST-ZIP INDIAN ROCKS BCH, FL 33785
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME HART, DONALD J.
5.3 STREET ADDRESS 456 HARBOR DR, NORTH
5.4 CITY-ST-ZIP INDIAN ROCKS BCH. FL 33785
6.1 TITLE
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: Kenneth V. Moroni KENNETH V. MORONI 1-7-97 (813) 5951369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0052254

CR2E037 (9/96)