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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 12/30/1980	
4. FEI Number 56-6150993	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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	PEDICONE, LEON	1.2 NAME	
STREET ADDRESS	2304 BAY BLVD. #A	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCKS BCH FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGORY, R W	2.2 NAME	
STREET ADDRESS	3500 GULF BLVD., APT. 214	2.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR BEACH FL	2.4 CITY-ST-ZIP	
TITLE	SDV <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORONI, KENNETH	3.2 NAME	STD MORONI, KENNETH
STREET ADDRESS	310 10 AVENUE	3.3 STREET ADDRESS	310 10 AVENUE
CITY-ST-ZIP	INDIAN ROCKS BCH. FL	3.4 CITY-ST-ZIP	INDIAN ROCKS BCH. FL
TITLE	D <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	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, DONALD J.	5.2 NAME	
STREET ADDRESS	456 HARBOR DR., NORTH	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	

14. I 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 MORONI 1/16/98 8130 595-1369

CR2E037 (10/97)