

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 766134 (1)

1. Corporation Name
 THE CLEARWATER COIN CLUB, INC.



Principal Place of Business: 10636 MILL RIVER DR, NEW PORT RICHEY FL 34654, US
 Mailing Address: PO BOX 474 Old DUNEDIN FL 34697, US

3. Date Incorporated or Qualified: 12/14/1982
 3a. Date of Last Report: 05/01/1995
 4. FEI Number: 59-2248112
 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: 21 1250 STARKEY Rd #101, 22 Suite, Apt. #, etc.
 2a. Mailing Address: 26 NEW C.C.C. P.O. BOX 797 CLEARWATER, FL 33517
 23 City & State: LARGO FL
 24 Zip: 34641, 25 Country: USA
 27 Suite, Apt. #, etc.:
 28 City & State:
 29 Zip:
 30 Country:

9. Name and Address of Current Registered Agent
 PIENIAK, THEODORE
 10636 MILL RIVER CR
 NEW PORT RICHEY FL 34654

10. Name and Address of New Registered Agent
 81 Name: HICKEY, PETER
 82 Street Address (P.O. Box Number is Not Acceptable): 1250 STARKEY Rd #101
 83
 84 City: LARGO, FL 85 Zip Code: 34641

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: Peter Hickey, PETER Hickey PRESIDENT, DATE: 7/10/96

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PIENIAK, ROBERT	
STREET ADDRESS	2217 RICHTER DR	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VONDERHARR, RICHARD	
STREET ADDRESS	6809 122ND ST. N.	
CITY-ST-ZIP	SEMINOLE FL 34642	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VOGELSANG, FLORENCE	
STREET ADDRESS	11692 81ST AVE. N.	
CITY-ST-ZIP	SEMINOLE FL 34642	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LYNCH, WILLIAM P.	
STREET ADDRESS	1701 HIBISCUS CIRCLE N.	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Director PETE Hickey	
STREET ADDRESS	1250 STARKEY RD.	
CITY-ST-ZIP	LARGO FL 34641	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Director DALE BISSETT	
STREET ADDRESS	245 MAIN ST.	
CITY-ST-ZIP	DUNEDIN, FL 34698	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	PRESIDENT, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		PETER HICKEY	
1.3 STREET ADDRESS		1250 STARKEY Rd. #101	
1.4 CITY-ST-ZIP		LARGO, FL 34641	
2.1 TITLE	D	VICE PRESIDENT, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		DALE BISSETT	
2.3 STREET ADDRESS		245 MAIN ST	
2.4 CITY-ST-ZIP		DUNEDIN, FL 34698	
3.1 TITLE	D	SECRETARY, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		RUSSELL CAMPBELL	
3.3 STREET ADDRESS		1141 HIGHLAND APT 5	
3.4 CITY-ST-ZIP		DUNEDIN, FL 34698	
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		500001908535	
6.3 STREET ADDRESS		-07/30/96--01122--018	
6.4 CITY-ST-ZIP		***61.25	

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: William P. Lynch (William P. Lynch), DATE: 7/10/96
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Daytime Phone #: 713/30196

CR2E037 (3/96)