

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # K19842

1. Corporation Name
TREASURE COAST EXXON ANNUITANTS CLUB, INC.

Principal Place of Business Mailing Address
c/o Russell F Thomas Sr
954 NW Spruce Ridge Drive #c3
Stuart Florida 34994

3. Date Incorporated or Qualified 3/30/85
3a. Date of Last Report 4/85

2. Principal Place of Business 21. c/o Alfred F. Roach	2a. Mailing Address 26. c/o Alfred F. Roach	4. FEI Number 59-2991929	Applied for Not Applicable
Suite, Apt #, etc 22. 6464 Brandywine Court #111	Suite, Apt #, etc 27. 6464 Brandywine Court #111	5. Certificate of Status Desired []	\$8.75 Additional Fee Required
City & State 23. Stuart Florida	City & State 28. Stuart Florida	6. Election Campaign Financing Trust Fund Contribution []	\$5.00 May Be Added to Fees
Zip 24. 34997	Country 25. MARTIN	Zip 29. 34997	Country 30. USA
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent
Russell F Thomas Jr
954 NW Spruce Ridge Drive #c3
Stuart Florida 34994

10. Name and Address of New Registered Agent
81. Name Alfred F Roach
82. Street Address (P.O. Box Number is Not Acceptable)
6464 Brandywine Court #111
83.
84. City Stuart FL 85. Zip Code 34997

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 607.0503, Florida Statutes.

SIGNATURE: ALFRED F. ROACH *[Signature]* 20 Mar 1996
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE 12. P/D	NAME Russell F Thomas Jr	1. TITLE P/D	2. NAME Alfred F Roach
STREET ADDRESS 954 NW Spruce Ridge Dr. #c3	CITY-STATE-ZIP Stuart Florida 34994	13. STREET ADDRESS 6464 Brandywine Court #111	14. CITY-STATE-ZIP
TITLE 15. V/P	NAME Marian McLooney	3. TITLE 500001778105	4. NAME -04/11/96--01019--034
STREET ADDRESS 2450 SW Brookwood Lane	CITY-STATE-ZIP Palm City	32. STREET ADDRESS ***200.00	34. CITY-STATE-ZIP
TITLE 16. D	NAME ALEXANDER HAMILTON	4. TITLE D	42. NAME George Coats
STREET ADDRESS 338 SERIE Drive	CITY-STATE-ZIP Fort Pierce FL 34986	43. STREET ADDRESS 8554 SE BANYAN TREE ST	44. CITY-STATE-ZIP Hobe Sound Florida 33455
TITLE 17. D	NAME HOWARD BRENNEN	5. TITLE T/D	52. NAME Alex DOSKA
STREET ADDRESS 1630 Seaway Drive	CITY-STATE-ZIP Fort Pierce FL 34949	53. STREET ADDRESS 160 SE St Lucia Blvd # 405A	54. CITY-STATE-ZIP Stuart Florida 34996
TITLE 18. T/D	NAME Stephanie Scopolito	6. TITLE S/D	62. NAME Russell F Thomas, Jr
STREET ADDRESS 297 SE Volcanos Terrace	CITY-STATE-ZIP Port St Lucia FL 34983	63. STREET ADDRESS 954 NW Spruce Ridge Dr #c3	64. CITY-STATE-ZIP Stuart Florida 34994
TITLE 19. S/D	NAME Lee Durkin	14. I do hereby certify that the information furnished on 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.	
STREET ADDRESS 209 NW Bentley Circle	CITY-STATE-ZIP Port St Lucia FL 34986	SIGNATURE: <i>[Signature]</i> ALFRED F. ROACH 3/12/96 407-298-6817	

SIGNATURE: *[Signature]* ALFRED F. ROACH
DATE: 3/12/96 407-298-6817

CR2E034 (12/95)

4-10-70