

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Mar 04 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1997



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

**DOCUMENT # K19842 (9)**  
 1. Corporation Name  
**TREASURE COAST EXXON ANNUITANT CLUB, INC.**



Principal Place of Business Mailing Address  
**C/O ROACH, ALFRED F.**  
**6464 BRANDY WINE COURT #111**  
**STUART FL 34997**  
**US**

3. Date Incorporated or Qualified **03/30/1988** 3a. Date of Last Report **04/10/1996**  
 4. FEI Number **59-2991989** 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

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

9. Name and Address of Current Registered Agent  
**ROACH, ALFRED F**  
**6464 BRANDYWINE COURT #111**  
**STUART FL 34997**

10. Name and Address of New Registered Agent  
 B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City **FL** B5 Zip Code

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 607.0505, Florida Statutes.

SIGNATURE  (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROACH, ALFRED F	
STREET ADDRESS	6464 BRANDYWINE COURT #111	
CITY-ST-ZIP	STUART FL 34997	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MALONEY, MARION	
STREET ADDRESS	2480 SW BROOKWOOD LANE	
CITY-ST-ZIP	PALM CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAMILTON, ALEX	
STREET ADDRESS	338 S. ERIE DRIVE	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COATS, GEORGE	
STREET ADDRESS	8554 SE BANYAN TRUST	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DOSKA, ALEX	
STREET ADDRESS	180 SE 51 LUCIE BLVD #405A	
CITY-ST-ZIP	STUART FL 34996	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	THOMAS, RUSSELL F JR.	
STREET ADDRESS	954 NW SPRUCE RIDGE DR. #C3	
CITY-ST-ZIP	STUART FL 34996	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
5.2 NAME	TD
5.3 STREET ADDRESS	IRENE LAMBERT
5.4 CITY-ST-ZIP	175 W. CATHERINE PORT ST LUCIE
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  *[Signature]* DATE: **2/28/97** 561-288-6817

CR2E034 (9/96)