FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 16 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N11496 (9)

1. Corporation Name

MIDDLE RIVER CLUB, INC.

Principal Place of Business	Mailing Address
3000 N.E. 16TH AVENUE OAKLAND PARK FL 33334	3000 N.E. 16TH AVENUE OAKLAND PARK FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/09/1985
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-2021166 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

COOKE, JAMES A
3000 NE 16TH AVE
OAKLAND PARK FL 33334

10. Name and Address of New Registered Agent

91 Name: Shirley T. Saffy
92 Street Address (P.O. Box Number is Not Acceptable)
93: 3040 NE 16th Ave
94 City: Oakland Park, 95 FL Zip Code: 33334

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: Shirley T. Saffy — 5/9/95
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PRESIDENT - DIRECTOR	☒ Change ☐ Addition
NAME	COOKE, JAMES A	1.2 NAME	SHIRLEY T. SAFFY	
STREET ADDRESS	3000 NE 16TH AVE	1.3 STREET ADDRESS	3040 NE 16TH AVE	
CITY-ST-ZIP	OAKLAND PK. FL	1.4 CITY-ST-ZIP	OAKLAND PARK, FL 33334	
TITLE	VPD	2.1 TITLE	V PRES. - DIRECTOR	☒ Change ☐ Addition
NAME	SPECK, EARL	2.2 NAME	STEVE DAY	
STREET ADDRESS	3050 NE 16TH AVE	2.3 STREET ADDRESS	3050 NE 16TH AVE	
CITY-ST-ZIP	OAKLAND PK. FL	2.4 CITY-ST-ZIP	OAKLAND PARK, FL 33334	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	RUBEO, TONY	3.2 NAME		
STREET ADDRESS	3000 NE 16TH AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	OAKLAND PK. FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE	SECRETARY - DIRECTOR	☒ Change ☐ Addition
NAME	FLOAT, EDITH G	4.2 NAME	JAMES A. COOKE	
STREET ADDRESS	3040 NE 16TH AVE	4.3 STREET ADDRESS	3000 NE 16TH AVE	
CITY-ST-ZIP	OAKLAND PK. FL	4.4 CITY-ST-ZIP	OAKLAND PARK, FL 33334	
TITLE	ASD	5.1 TITLE	ASST SEC. - DIRECTOR	☒ Change ☐ Addition
NAME	MORAN, RUTH	5.2 NAME	CONNIE GILBERT	
STREET ADDRESS	3010 NE 16TH AVE	5.3 STREET ADDRESS	3010 NE 16TH AVE	
CITY-ST-ZIP	OAKLAND PK. FL	5.4 CITY-ST-ZIP	OAKLAND PARK, FL 33334	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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: Tony Rubeo — TONY RUBEO - TREAS. — 5/9/95 — 305-565-3654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(0047370