

FILE NOW: FILING FEE IS \$61.25

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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N11496** (9)
1. Corporation Name
MIDDLE RIVER CLUB, INC.

Principal Place of Business 3000 N.E. 16TH AVENUE OAKLAND PARK FL 33334	Mailing Address 3000 N.E. 16TH AVENUE OAKLAND PARK FL 33334-5265
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/09/1985	3a. Date of Last Report 04/19/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2021166		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent FEENAN, NANCY M 3020 NE 16TH AVE 3040 NE 16TH AVE OAKLAND PARK FL 33334		10. Name and Address of New Registered Agent	
		81 Name TONY RUBEO	
		82 Street Address (P.O. Box Number is Not Acceptable) 3000 NE 16TH AVE	
		83	
		84 City OAKLAND PARK FL	85 Zip Code 33334

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 **Tony Rubeo - TONY RUBEO** DATE **4/11/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SAFFY, SHIRLEY T 3040 NE 16TH AVE OAKLAND PK. FL	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	FEENAN, NANCY
STREET ADDRESS		1.3 STREET ADDRESS	3020 NE 16TH AVE
CITY - ST - ZIP		1.4 CITY - ST - ZIP	OAKLAND PARK, FL 33334
TITLE	VPD DAY, STEVE 3050 NE 16TH AVE OAKLAND PK. FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	WILLARD, HAROLD F.
STREET ADDRESS		2.3 STREET ADDRESS	3060 NE 16TH AVE
CITY - ST - ZIP		2.4 CITY - ST - ZIP	OAKLAND PARK, FL 33334
TITLE	TD RUBEO, TONY 3000 NE 16TH AVE. OAKLAND PK. FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	SD COOKE, JAMES A 3000 NE 16TH AVE OAKLAND PARK FL	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	DAX, STEVE
STREET ADDRESS		4.3 STREET ADDRESS	3050 NE 16TH AVE
CITY - ST - ZIP		4.4 CITY - ST - ZIP	OAKLAND PARK, FL 33334
TITLE	ASD GILBERT, CONNIE 3010 NE 16TH AVE OAKLAND PARK FL	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	SLATER, FRED
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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** DATE **4/11/97** DAYTIME PHONE # **954-565-5654**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)