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Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 10/09/1985	4. FEI Number 59-2021166	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	FEENAN, NANCY	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3040 NE 16TH AVE		1.3 STREET ADDRESS	
OAKLAND PK. FL		1.4 CITY - ST - ZIP	
<input type="checkbox"/> DELETE		2.1 TITLE	
VPD	WILLARD, HAROLD F	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3080 NE 16TH AVE		2.2 NAME	
OAKLAND PK. FL		2.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		2.4 CITY - ST - ZIP	
TD	RUBEO, TONY	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3000 NE 16TH AVE.		3.1 TITLE	
OAKLAND PK. FL		3.2 NAME	
<input type="checkbox"/> DELETE		3.3 STREET ADDRESS	
SD	DAX, STEVE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3050 NE 16TH AVE		3.4 CITY - ST - ZIP	
OAKLAND PARK FL		4.1 TITLE	
<input type="checkbox"/> DELETE		4.2 NAME	
ASD	SLATER, FRED	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3010 NE 16TH AVE		4.3 STREET ADDRESS	
OAKLAND PARK FL		4.4 CITY - ST - ZIP	
<input type="checkbox"/> DELETE		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

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 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	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I 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 3/6/98 954-565-2654

CF2E037 (10/97)