


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90198 029 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N11496					
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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/09/1985	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2021166	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				<input type="checkbox"/> \$5.00 May Be Added to Fees <input type="checkbox"/> Trust Fund Contribution	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RUBEO, TONY 3000 NE 16TH AVE OAKLAND PARK FL 33334		81 Name Willard, Harold F (Change) 82 Street Address (P.O. Box Number is Not Acceptable) 83 3060 NE 16th Ave 84 City Oakland Park, fl 85 Zip Code FL 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: WILLARD, HAROLD F. *Harold F. Willard* DATE: 4-27-99
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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEENAN, NANCY	1.2 NAME	
STREET ADDRESS	3040 NE 16TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PK. FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLARD, HAROLD F	2.2 NAME	
STREET ADDRESS	3060 NE 16TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PK. FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAX, STEVE	4.2 NAME	
STREET ADDRESS	3050 NE 16TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL	4.4 CITY-ST-ZIP	
TITLE	ASD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLATER, FRED	5.2 NAME	
STREET ADDRESS	3010 NE 16TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL	5.4 CITY-ST-ZIP	
TITLE		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 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 change, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLARD, HAROLD F. *Harold F. Willard* DATE: 4-27-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)