

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N94000003935 (3)

1. Corporation Name

MIAMI BEACH ROD & REEL CLUB, INC.



Principal Place of Business

Mailing Address

208 S HIBISCUS DR
MIAMI BEACH FL 33139

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MIAMI BEACH FL 33139

3. Date Incorporated or Qualified 08/08/1994	3a. Date of Last Report 03/01/1995
4. FEI Number 59-0358540	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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

10. Name and Address of New Registered Agent

MURRAY, JAMES P
~~XXXXXX~~ 14505 S. W. 84th Court
~~MIAMI FL 33131~~ Miami, FL 33158

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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	DP	<input type="checkbox"/> DELETE	
NAME	TYSON, PETER R		
STREET ADDRESS	P O BOX 4281 N/A		
CITY-ST-ZIP	VERO BEACH FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	REHBERG, WARNER K		
STREET ADDRESS	2221 NW 87TH TERRACE		
CITY-ST-ZIP	PEMBROKE PINES FL		
TITLE	DV	<input type="checkbox"/> DELETE	
NAME	TUNSTALL, STEPHEN E		
STREET ADDRESS	7745 SW 114TH STREET		
CITY-ST-ZIP	MIAMI F		
TITLE	DST	<input type="checkbox"/> DELETE	
NAME	MURPHY, JIMMY W		
STREET ADDRESS	2138 NE 122ND RD		
CITY-ST-ZIP	MIAMI FL 33181		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	NIEMAN, ROLAND J		
STREET ADDRESS	1030 NE 95TH STREET		
CITY-ST-ZIP	MIAMI SHORES FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	GARDNER, JAMES E JR		
STREET ADDRESS	10822 N KENDALL DR, S-11		
CITY-ST-ZIP	MIAMI FL 33176		

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS	200001833772		
2.4 CITY-ST-ZIP	-05/22/96--01016--006		
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
5.2 NAME	PEARSON, GEOFFREY		
5.3 STREET ADDRESS	P. O. BOX 2022 (N/A)		
5.4 CITY-ST-ZIP	SOUTH MIAMI, FL 33243		
6.1 TITLE	B/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
6.2 NAME	SCHULTZ, ROGER A.		
6.3 STREET ADDRESS	131 N. HIBISCUS DRIVE		
6.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139		

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)(k), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/96 (305) 531-1233

CR2E037 (12/95)