

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 SEP 29 AM 10:49

DOCUMENT # N94000003935 (3)

1. Corporation Name

MIAMI BEACH ROD & REEL CLUB, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: 208 S HIBISCUS DR MIAMI BEACH FL 33139
Mailing Address: 208 S HIBISCUS DR MIAMI BEACH FL 33139

3. Date Incorporated or Qualified: 08/08/1994
4. FEI Number: 59-0358540
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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; 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURRAY, JAMES P
14505 SW 84TH CT.
MIAMI FL 33158

81 Name: STORMONT, RAY
82 Street Address (P.O. Box Number is Not Acceptable): 1492 W. FLAGLER ST. #200
83
84 City: MIAMI FL 85 Zip Code: 33135

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)

9/22/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	PIAZZA, ALBERT	
STREET ADDRESS	941 MANTANZAS	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	REEDER, LAWRENCE M	
STREET ADDRESS	5845 MOSS RANCH ROAD	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	TUNSTALL, STEPHEN E	
STREET ADDRESS	7745 SW 114TH STREET	
CITY-ST-ZIP	MIAMI F	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WRUBLE, LLOYD	
STREET ADDRESS	15303 SW 84TH COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PEARSON, GEOFFREY	
STREET ADDRESS	PO BOX 2022 N A	
CITY-ST-ZIP	S. MIAMI FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	SCHULTZ, ROGER A	
STREET ADDRESS	131 N. HIBISCUS DR.	
CITY-ST-ZIP	MIAMI BCH FL 33139	

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PIAZZA, ALBERT	
1.3 STREET ADDRESS	941 MANTANZAS	
1.4 CITY-ST-ZIP	CORAL GABLES FL	
2.1 TITLE	P-ELECT/T/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STORMONT, RAY	
2.3 STREET ADDRESS	1492 W. FLAGLER ST. #200	
2.4 CITY-ST-ZIP	MIAMI FL 33135	
3.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TUNSTALL, STEPHEN E	
3.3 STREET ADDRESS	7745 SW 114TH STREET	
3.4 CITY-ST-ZIP	MIAMI FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	300002652743--9	
4.4 CITY-ST-ZIP	-09/30/98--01078--019 *****61.25 *****61.25	
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. 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:

9/22/98

CR2E037 (10/97)