

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT - 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003935

1. Corporation Name
MIAMI BEACH ROD & REEL CLUB, INC.

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

Mailing Address
208 S HIBISCUS DR
MIAMI BEACH FL 33139

FILED

99 FEB -8 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	08/08/1994	
22. City & State		27. City & State		4. FEI Number	
23. Zip		28. Zip		59-0358540	
24. Country		29. Country		Applied For	
				Not Applicable	
5. Certificate of Status Desired				8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution				5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STORMONT, RAY 1492 W. FLAGLER ST. #200 MIAMI FL 33135				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] (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIAZZA, ALBERT	1.2 NAME	PIAZZA, ALBERT
STREET ADDRESS	941 MANTANZAS	1.3 STREET ADDRESS	941 MANTANZAS
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	PTSD	2.1 TITLE	PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORMONT, RAY	2.2 NAME	STORMONT, RAY
STREET ADDRESS	1492 W. FLAGLER ST., #200	2.3 STREET ADDRESS	1492 W. FLAGLER ST. #200
CITY-ST-ZIP	MIAMI FL 33135	2.4 CITY-ST-ZIP	MIAMI, FL 33135
TITLE	VPD	3.1 TITLE	2000027732'02'-- 1 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUNSTALL, STEPHEN E	3.2 NAME	-02/11/99--01074--001
STREET ADDRESS	7745 SW 114TH STREET	3.3 STREET ADDRESS	*****61.25 *****61.25
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	SECRETARY/TREASURER/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	JIMMY MURPHY
STREET ADDRESS		4.3 STREET ADDRESS	2138 NE 122ND ROAD
CITY-ST-ZIP		4.4 CITY-ST-ZIP	NORTH MIAMI, FL 33181
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 1/11/99 (305) 541-3694

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