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FILED

Mar 11 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N28626 (2)

1. Corporation Name

EXXON ANNUITANTS CLUB OF SOUTH FLORIDA, INC.



Principal Place of Business

Mailing Address

S BARTOLOMEO
8220 SW 89TH ST
MIAMI F: 33156
USS BARTOLOMEO
8220 SW 89TH ST
MIAMI FL 33156-7332
US3. Date Incorporated or Qualified
10/01/19883a. Date of Last Report
03/19/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARTOLOMEO, S
8220 SW 89TH ST
MIAMI FL 33156

81 Name

GONZALEZ, ISABEL P.

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

525 VILLABELLA AVE.

83

84 City

CORAL GABLES, FL

FL

85 Zip Code

33146

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	P	<input checked="" type="checkbox"/> DELETE
NAME	BENGTSON, STURE R	
STREET ADDRESS	10820 SW 74TH CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	PARDO, SANTIAGO	
STREET ADDRESS	7335 SW 114TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCCANN, PETER	
STREET ADDRESS	5820 SW 87TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BARTOLOMEO, SARAH	
STREET ADDRESS	8220 SW 89TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	J P	<input type="checkbox"/> DELETE
NAME	GAMBLE, JAY L	
STREET ADDRESS	5210 ALHAMBRA CIRCLE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAIN, WILMA	
STREET ADDRESS	600 BILTMORE WAY 402	
CITY-ST-ZIP	CORAL GABLES FL	

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DE DELVA, EDOUARD	
1.3 STREET ADDRESS	16041 S.W. 62 AVE	
1.4 CITY-ST-ZIP	MIAMI FL 33157	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MCCORMACK, RICARDO K.	
2.3 STREET ADDRESS	5820 SW 86TH ST	
2.4 CITY-ST-ZIP	S. MIAMI, FL 33143	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GONZALEZ, ISABEL P.	
3.3 STREET ADDRESS	525 VILLABELLA AVE.	
3.4 CITY-ST-ZIP	CORAL GABLES, FL 33146	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GERARD, ANDRE	
4.3 STREET ADDRESS	908 TENDILLA AVE	
4.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
5.1 TITLE	J	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SEYKORA, LAWRENCE, J.	
5.3 STREET ADDRESS	14700 S.W. 83 PL.	
5.4 CITY-ST-ZIP	MIAMI, FL 33158	
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 do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ricardo K. McCormack, Treasurer
3/7/97

Date 3/7/97 Daytime Phone # 0027730

CR2E037 (9/96)