

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 # 707751 (4)
1. Corporation Name
LITTLE RIVER CLUB, INC.



Principal Place of Business Mailing Address
755 NE 79TH ST MIAMI FL 33138 755 NE 79TH ST MIAMI FL 33138

3. Date Incorporated or Qualified 08/27/1964 3a. Date of Last Report 01/20/1995
4. FEI Number 59-1677644 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent
HARDISON, ROBERT R
9674 NW 10TH AVE #F616
MIAMI FL 33150
10. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDISON, ROBERT R	1.2 NAME	
STREET ADDRESS	9674 NW 10TH AVE #F616	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	M <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, AVANDER H.	2.2 NAME	D KARL ROBERTSON
STREET ADDRESS	9674 NW 10TH AVE #729G	2.3 STREET ADDRESS	1370 NE 119 ST
CITY - ST - ZIP	MIAMI, FL 00000	2.4 CITY - ST - ZIP	MIAMI, FL
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEACOCK, WILLIAM	3.2 NAME	
STREET ADDRESS	914 N.W. 80TH STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YURKA, FRANK	4.2 NAME	D M
STREET ADDRESS	12000 NE 16TH AVE #B230	4.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOULAY, HENRY M.	5.2 NAME	
STREET ADDRESS	884 NE 79 ST #5	5.3 STREET ADDRESS	9674 NW 10 AVE #A-174
CITY - ST - ZIP	MIAMI FL	5.4 CITY - ST - ZIP	MIAMI, FL 33150
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEADRICK, RONNIE	6.2 NAME	
STREET ADDRESS	246 N.E. 105TH ST.	6.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI SHORES FL	6.4 CITY - ST - ZIP	

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 19.07(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: *Robert R. Hardison* 03-01-96 (305) 759-6332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E037 (12/95)