

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Sep 10 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 718758 (6)

1. Corporation Name
BEACHES QUARTERBACK CLUB, INC.



Principal Place of Business 1028 SOUTH THIRD STREET P.O. BOX 50524 JACKSONVILLE BCH FL 32250	Mailing Address 1028 SOUTH THIRD STREET P.O. BOX 50524 JACKSONVILLE BCH FL 32250
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3. Date Incorporated or Qualified 06/29/1970		
4. FEI Number 59-2876790	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24 32240	Country	Zip 29 32240	Country 30

9. Name and Address of Current Registered Agent

STURROCK, JOHN D.
1028 SOUTH THIRD STREET
JACKSONVILLE BCH. FL 32250

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	STURROCK, JOHN D.	
STREET ADDRESS	17 TALLWOOD ROAD	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LEE, GARY	
STREET ADDRESS	1903 WILLIAMS ST	
CITY-ST-ZIP	JACKSONVILLE BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NADER, RANDY	
STREET ADDRESS	3570 SEAFORM LN	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TIPTON, JOHN	
STREET ADDRESS	26 TALLWOOD RD.	
CITY-ST-ZIP	JACKSONVILLE BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Chao, Don	
4.3 STREET ADDRESS	217 N Oceanforest Dr	
4.4 CITY-ST-ZIP	Atlantic Beach, FL 32233	
5.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	William I Gulliford, Jr	
5.3 STREET ADDRESS	75 Beach Ave	
5.4 CITY-ST-ZIP	Atlantic Beach, FL 32233	
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; 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: Gary W Lee **Gary W Lee** 9/8/98 904 396 2202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)