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NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Feb 17 1998 8:00am Secretary of State	
DOCUMENT # 741901 (3) 1. Corporation Name PORT ST. LUCIE EXCHANGE CLUB CHARITIES, INC.					
Principal Place of Business PO BOX 7341 NA PORT ST LUCIE FL 34985 US		Mailing Address PO BOX 7341 NA PORT ST LUCIE FL 34985 US		3. Date Incorporated or Qualified 03/07/1978	
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		4. FEI Number 59-2393232 Applied For Not Applicable	
9. Name and Address of Current Registered Agent FOLEY, DIANE 338 SE TRANQUILLA AVE. PORT ST. LUCIE FL 34983		10. Name and Address of New Registered Agent 81 Name M. PAUL HESS 82 Street Address (P.O. Box Number is Not Acceptable) 617 NE HORIZON LANE 83 84 City PORT ST. LUCIE FL 85 Zip Code 34983			
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 M. PAUL HESS, PRES. 2/11/98 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE DV NAME DEEMR, WALTER STREET ADDRESS 151 NE NARANJA AVE. CITY-ST-ZIP PORT ST LUCIE FL 34983			1.1 TITLE 1.2 NAME MANCINI, JOSEPH 1.3 STREET ADDRESS 4072 OAK HAMMOCK LN 1.4 CITY-ST-ZIP FT. PIERCE, FL 34982		
2. TITLE DP NAME LLOYD, DEWETTA STREET ADDRESS 1107 FLEETWOOD LN CITY-ST-ZIP FT PIERCE FL 34982			2.1 TITLE DIRECTOR 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
3. TITLE DT NAME HESS, PAUL STREET ADDRESS 617 NE HORIZON LANE CITY-ST-ZIP PT ST. LUCIE FL 34983			3.1 TITLE 3.2 NAME RANERI, DEBRA MPH 3.3 STREET ADDRESS 654 SW KYAK AVE MPH 3.4 CITY-ST-ZIP		
4. TITLE DS NAME JOHNSON, DEBORAH STREET ADDRESS 1945 S.W. MACEDO BLVD. CITY-ST-ZIP PORT ST. LUCIE FL 34984			4.1 TITLE 4.2 NAME RANERI, DEBRA 4.3 STREET ADDRESS 654 SW KYAK AVE 4.4 CITY-ST-ZIP PORT ST, LUCIE, FL 34953		
5. TITLE D NAME BLANK, STEVEN STREET ADDRESS 1544 SE FLORESTA DR CITY-ST-ZIP PT. ST. LUCIE FL 34983			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
6. TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE PRESIDENT 6.2 NAME BOLLINGER, MICHAEL 6.3 STREET ADDRESS 1008 SE KITCHING COVE LANE 6.4 CITY-ST-ZIP PORT ST. LUCIE, FL 34952		
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 in an attachment with an address. SIGNATURE: M. Paul Hess 2/11/98 561-878-2663					