


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **745064** (6)

1. Corporation Name

**COCOA BEACH BOATING CLUB, INC.**

Principal Place of Business

Mailing Address

**645 S. ATLANTIC AVE.  
COCOA BEACH FL 32931  
US**

**645 S. ATLANTIC AVE.  
COCOA BEACH FL 32931-2517  
US**



3. Date Incorporated or Qualified **11/27/1978** 3a. Date of Last Report **04/24/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-1889055</b>		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUEY, SAM  
645 S. ATLANTIC AVE.  
COCOA BEACH FL 32931**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 *Sam Huey* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PRES.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRED LEISER</b>	1.2 NAME	<b>MIKE TERSIGNI</b>
STREET ADDRESS	<b>23 WEST POINT DR</b>	1.3 STREET ADDRESS	<b>202 JUNE DRIVE</b>
CITY-ST-ZIP	<b>COCOA BEACH FL</b>	1.4 CITY-ST-ZIP	<b>COCOA BEACH, FL 32931</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VICE PRES</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANK SCHNEIDER</b>	2.2 NAME	<b>BILL CHAPP</b>
STREET ADDRESS	<b>630 SO BERNARD AVE</b>	2.3 STREET ADDRESS	<b>630 SO. BREVARD AVE #131</b>
CITY-ST-ZIP	<b>COCOA BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	<b>MARTHA CRUSEY</b>	3.2 NAME	
STREET ADDRESS	<b>100 PINELLAS LANE #411</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCOA BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>GENIE LAZOWSKA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MIKE TERSIGNI</b>	4.2 NAME	<b>TRENEQUE</b>
STREET ADDRESS	<b>202 JUNE DRIVE</b>	4.3 STREET ADDRESS	<b>172 JAMAICA DR,</b>
CITY-ST-ZIP	<b>COCOA BEACH FL</b>	4.4 CITY-ST-ZIP	<b>COCOA BEACH, FL 32931</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>FRED LEISER DIRECTOR</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BILL CHAPP</b>	5.2 NAME	<b>FRED LEISER</b>
STREET ADDRESS	<b>630 S. BREVARD AVE #131</b>	5.3 STREET ADDRESS	<b>23 WEST POINT DR</b>
CITY-ST-ZIP	<b>COCOA BEACH FL</b>	5.4 CITY-ST-ZIP	<b>COCOA BEACH FL 32931</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>REASONER, JEANE</b>	6.2 NAME	<b>George H. KRONBENQ</b>
STREET ADDRESS	<b>205 S BANANA RIVER BLVD., APT. 201</b>	6.3 STREET ADDRESS	<b>2090 N. ATLANTIC AVE</b>
CITY-ST-ZIP	<b>COCOA BEACH FL</b>	6.4 CITY-ST-ZIP	<b>COCOA BEACH, FL 32931</b>

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.

CP2E037 (9/96)