


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765966 (7)

THE EVERGREEN CLUB, INC.

Principal Place of Business 4225 SW BIMINI CR. PALM CITY FL 34990	Mailing Address 4225 SW BIMINI CR. PALM CITY FL 34990-1367
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/02/1982		3a. Date of Last Report 02/21/1996	
21 Suite, Apt. #, etc. 4225 S.W. BIMINI CR S	26 Suite, Apt. #, etc. 4225 S.W. BIMINI CR S	4. FEI Number 59-2258635		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23 Zip	28 Zip	Country		Country			
24	25	29	30				

9. Name and Address of Current Registered Agent FYEE, JAMES 3378 BESSEY CREEK TRAIL PALM CITY FL 34990				10. Name and Address of New Registered Agent 81 Name Robert Brouwer 82 Street Address (P.O. Box Number is Not Acceptable) 4225 S.W. BIMINI CIRCLE SOUTH 83 84 City PALM CITY, FL 85 Zip Code 34990			
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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 ROBERT BROUWER, GEN. MANAGER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 6/10/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PF	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PF	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FYFE, JAMES			1.2 NAME	CARLILE, ROBERT T.		
STREET ADDRESS	3378 SW BESSEY CREEK TRAIL			1.3 STREET ADDRESS	3945 S.W. BIMINI CIRCLE SOUTH		
CITY - ST - ZIP	PALM CITY FL			1.4 CITY - ST - ZIP	PALM CITY, FL 34990		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DONNELLY, JOAN			2.2 NAME	PIZZI, ANTHONY		
STREET ADDRESS	3882 SW BIMINI CIRCLE NORTH			2.3 STREET ADDRESS	5125 S.W. BIMINI CIRCLE SOUTH		
CITY - ST - ZIP	PALM CITY FL			2.4 CITY - ST - ZIP	PALM CITY, FL 34990		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RACE, THORNTON			3.2 NAME			
STREET ADDRESS	4312 SW BIMINI CIRCLE NORTH			3.3 STREET ADDRESS			
CITY - ST - ZIP	PALM CITY FL			3.4 CITY - ST - ZIP			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HAFNER, FRANK			4.2 NAME	WOODRUFF, ALAN J.		
STREET ADDRESS	3862 SW BIMINI CIR N			4.3 STREET ADDRESS	3990 N.E. JOE'S POINT ROAD		
CITY - ST - ZIP	PALM CITY FL 34990			4.4 CITY - ST - ZIP	STUART, FL 34996		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				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.

CR2E037 (9/96)