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Apr 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N06337** (2)

1. Corporation Name

**AMERICA'S CORVETTE CLUB, INC.**

Principal Place of Business

Mailing Address

**PO BOX 5444  
HOLLYWOOD FL 33083**

**PO BOX 5444  
HOLLYWOOD FL 33083**

3. Date Incorporated or Qualified

**11/27/1984**

4. FEI Number

**65-0140297**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FIELDS, JANET  
10158 SW 56 STREET  
COOPER CITY FL 33328**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BODDIGER, JOHN</b>	
STREET ADDRESS	<b>7851 N.W. 1ST ST</b>	
CITY - ST - ZIP	<b>PEMBROKE PINES FL</b>	

TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SMITH, KEN</b>	
STREET ADDRESS	<b>13090 VISTA ISLE DR., APT. 113</b>	
CITY - ST - ZIP	<b>SUNRISE FL</b>	

TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BLYSTONE, SUE</b>	
STREET ADDRESS	<b>1801 NW 118 AVENUE</b>	
CITY - ST - ZIP	<b>PLANTATION FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>REY, BETI</b>	
STREET ADDRESS	<b>12870 N.W. 101 PLACE</b>	
CITY - ST - ZIP	<b>HALEAH GARDENS FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FIELDS, JANET</b>	
STREET ADDRESS	<b>10158 S.W. 56TH ST.</b>	
CITY - ST - ZIP	<b>COOPER CITY FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FIELDS, AL</b>	
STREET ADDRESS	<b>10158 S.W. 56TH ST.</b>	
CITY - ST - ZIP	<b>COOPER CITY FL</b>	

1.1 TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>WALT FRALICK</b>	
1.3 STREET ADDRESS	<b>4851 SW 104 AVE</b>	
1.4 CITY - ST - ZIP	<b>Cooper City FL 33328</b>	

2.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Steve Melvin</b>	
2.3 STREET ADDRESS	<b>9041 Southern Orchard Rd. No.</b>	
2.4 CITY - ST - ZIP	<b>DAVIE FL 33328</b>	

3.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Richard Wester</b>	
3.3 STREET ADDRESS	<b>4961 NW 85 Rd.</b>	
3.4 CITY - ST - ZIP	<b>Coral Springs FL 33067</b>	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

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: **Janet Fields** JANET Fields 4/25/98 434-3792 (954)

CP2E037 (1097)