

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.

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 Oct 08 1998 8:00am  
 Secretary of State

DOCUMENT # N11467 (0)

1. Corporation Name  
**INDIAN RIVER RACING PIGEON CLUB, INC.**



Principal Place of Business: 2021 S.W. CAMEO BLVD, 1170 6TH AVE. APT. 5A, PORT ST. LUCIE FL 34953  
 Mailing Address: 2021 S.W. CAMEO BLVD, 1170 6TH AVE. APT. 5A, PORT ST. LUCIE FL 34953

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

JACOBI, PAUL  
 1170 6TH AVE., APT. 5A  
 VERO BEACH FL 32960

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 re-registering)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS

1.1 TITLE	PD	[ ] DELETE
1.2 NAME	DELVECCHIO, JOSEPH	
1.3 STREET ADDRESS	821 EAST 14TH ST.	
1.4 CITY-STATE-ZIP	STUART FL	
2.1 TITLE	VD	[X] DELETE
2.2 NAME	STANEK, MIKE	
2.3 STREET ADDRESS	1938 WAUKESSHA AVE	
2.4 CITY-STATE-ZIP	PALM BAY FL	
3.1 TITLE	STD	[ ] DELETE
3.2 NAME	LUBBERTS, NICK	
3.3 STREET ADDRESS	2021 S.W. CAMEO BLVD	
3.4 CITY-STATE-ZIP	PORT ST. LUCIE FL	
4.1 TITLE	RSD	[ ] DELETE
4.2 NAME	JACOBI, PAUL	
4.3 STREET ADDRESS	1170 6TH AVE., #5A	
4.4 CITY-STATE-ZIP	VERO BEACH FL	
5.1 TITLE		[ ] DELETE
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		[ ] DELETE
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE	VP	[X] Change [X] Addition
2.2 NAME	DELVECCHIO, GEORGE	
2.3 STREET ADDRESS	1700 BELLEVUE AVE	
2.4 CITY-STATE-ZIP	PORT ST LUCIE, FL 34953	
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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: *Nick Lubberts* NICK LUBBERTS 9/26/98 561-879-4047  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)