

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N28626** (2)
1. Corporation Name
EXXON ANNUITANTS CLUB OF SOUTH FLORIDA, INC.



Principal Place of Business S BARTOLOMEO 8220 SW 89TH ST MAIMI F: 33156 US		Mailing Address S BARTOLOMEO 8220 SW 89TH ST MAIMI FL 33156 US		3. Date Incorporated or Qualified 10/01/1988	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 65-0106043 Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
				7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent GONZALEZ, ISABEL P. 525 VILLABELLA AVE CORAL GABLES FL 33146				10. Name and Address of New Registered Agent 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 *Isabel P. Gonzalez* (NOTE: Registered Agent signature required when reinstating) DATE *April 17/98*

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP	☐ DELETE	1.1 TITLE	P	☒ Change	☐ Addition	
NAME	DE DELVA, EDOUARD		1.2 NAME	GAMBLE, JAY L			
STREET ADDRESS	18041 SW 82 AVE		1.3 STREET ADDRESS	600 Biltmore Way, Apt 1019			
CITY-ST-ZIP	MAIMI FL		1.4 CITY-ST-ZIP	CORAL GABLES, FL 33146			
TITLE	T	☐ DELETE	2.1 TITLE	D	☒ Change	☐ Addition	
NAME	MCCORMACK, RICARDO K.		2.2 NAME	MICHAEL, PETER			
STREET ADDRESS	5830 SW 86TH ST		2.3 STREET ADDRESS	5826 SW 87th St.			
CITY-ST-ZIP	S MIAMI FL		2.4 CITY-ST-ZIP	MIAMI, FL.			
TITLE	S	☐ DELETE	3.1 TITLE	D	☒ Change	☐ Addition	
NAME	GONZALEZ, ISABEL P.		3.2 NAME	HACKETT, CELIA			
STREET ADDRESS	525 VILLABELLA AVE		3.3 STREET ADDRESS	1660 S.W. 33rd St			
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP	MIAMI, FL 33157			
TITLE	D	☒ DELETE	4.1 TITLE	D	☒ Change	☐ Addition	
NAME	GERALD, ANDRE		4.2 NAME	DE LA MATIA, FELIX			
STREET ADDRESS	908 TENDILLA AVE		4.3 STREET ADDRESS	8625 SW 147 St			
CITY-ST-ZIP	CORAL GABLES FL		4.4 CITY-ST-ZIP	MIAMI, FL.			
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition	
NAME	SEYKORA, LAWRENCE J.		5.2 NAME				
STREET ADDRESS	14700 SW 83 PL		5.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP				
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change	☐ Addition	
NAME	CAIN, WILMA		6.2 NAME				
STREET ADDRESS	600 BILTMORE WAY 402		6.3 STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL		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: *Ricardo K. McCormack* (305) 666-4332

CR2E037 (10/97)