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**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90058 017 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N28626**

1. Corporation Name

**EXXON ANNUITANTS CLUB OF SOUTH FLORIDA, INC.**

Principal Place of Business

S BARTOLOMEO  
 8220 SW 89TH ST  
 MIAMI F: 33156  
 US

Mailing Address

S BARTOLOMEO  
 8220 SW 89TH ST  
 MIAMI FL 33156  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/01/1988	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0106043	
24 Country		29 Country		30 Country	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>					

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	ISABEL P. GONZALEZ		
82 Street Address (P.O. Box Number is Not Acceptable)	525 VILLABELLA AVE		
83			
84 City	CORAL GABLES	85 Zip Code	33146

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

(NOTE: Registered Agent signature required when reinstating)

May 1/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	GAMBLE, JAY L	1.2 NAME	PEET, JOHN R
STREET ADDRESS	600 BILTMORE WAY, APT 1019	1.3 STREET ADDRESS	653 RIVIERA ISLE
CITY-ST-ZIP	CORAL GABLES FL 33146	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	D	2.1 TITLE	V.R
NAME	MCCANN, PETER	2.2 NAME	DIEGO, VICENTE I.
STREET ADDRESS	5820 S W 87TH STREET	2.3 STREET ADDRESS	6641 SW 147 AVE, APT 3H
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33193
TITLE	D	3.1 TITLE	D
NAME	HACKETT, ROBERT	3.2 NAME	JUNG, PETER F.
STREET ADDRESS	16600 S W 82ND AVENUE	3.3 STREET ADDRESS	14303 S.W. 80 AVE
CITY-ST-ZIP	MIAMI FL 33157	3.4 CITY-ST-ZIP	MIAMI, FL 33158
TITLE	D	4.1 TITLE	D
NAME	DELAMATA, FELIX	4.2 NAME	RENAUD, AL
STREET ADDRESS	8625 S W 147TH STREET	4.3 STREET ADDRESS	7965 S.W. 145th ST
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL 33157
TITLE	D	5.1 TITLE	T
NAME	SEYKORA, LAWRENCE J.	5.2 NAME	McLORMARK, RICHARD
STREET ADDRESS	14700 SW 83 PL	5.3 STREET ADDRESS	5830 S.W. 86th ST
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	SOUTH MIAMI, FL 33143
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)