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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:17

DOCUMENT # N39526 (1)

1. Corporation Name

INDIAN RIVER AMATEUR SPORTSMAN'S CLUB, INC.

Principal Place of Business

Mailing Address

1963 SUNSET DR
VERO BEACH FL 32962

1963 SUNSET DR
VERO BEACH FL 32962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1990

3a. Date of Last Report

02/28/1994

4. FBI Number

59-3035421

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 P.O. BOX 6917
VERO BEACH, FL 32961

26 P.O. BOX 6917
VERO BEACH, FL 32961

Suite, Apt. #, etc.

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

DAVIS, GERALD E
1963 SUNSET DRIVE
VERO BEACH FL 32962

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 607.0502 and 607.1508, 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 607.0505, 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 VD
NAME DAVIS, GERALD E
STREET ADDRESS 1963 SUNSET DR.
CITY- ST- ZIP VERO BEACH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE PD
NAME SCHOFIELD, RICHARD
STREET ADDRESS 1249 BEVAN DR
CITY- ST- ZIP SEBASTIAN FL 32958

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE JD
NAME ANTON, ROBERT
STREET ADDRESS 1105 SUN VILLA DR
CITY- ST- ZIP VERO BEACH FL 32960

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE S
NAME SCHUBERT, HENRY A
STREET ADDRESS 374 HAWTHORNE LANE
CITY- ST- ZIP VERO BEACH FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 recorder 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:

Henry A. Schubert

25 Jan 1995

(407) 567-8505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HENRY A. SCHUBERT, SECRETARY, IRASC