


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90058 001 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N40158

1. Corporation Name

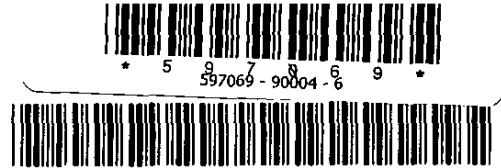
"INDIAN RIVER" SPORT FISHING CLUB, INC.

Principal Place of Business

P O BOX 1144
EDGEWATER FL 32141

Mailing Address

P O BOX 1144
EDGEWATER FL 32141



2. Principal Place of Business 21 <u>SAMI</u>	2a. Mailing Address 26 <u>SAMI</u>	3. Date Incorporated or Qualified <u>09/04/1990</u>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <u>59-3034589</u>
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

AUSTIN, WILSON
3621 WATERMELON LANE
NEW SMYRNA FL 32168

10. Name and Address of New Registered Agent

81 Name <u>VER WAY PHILIP</u>
82 Street Address (P.O. Box Number is Not Acceptable) <u>2001 SO RIVERSIDE DR</u>
83
84 City <u>EDGEWATER</u>
85 Zip Code <u>FL 32141</u>

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 PHILIP VER WAY Philip Ver Way 4-30-99
(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AUSTIN, WILSON 3621 WATER MELLON SAMSULA FL 32168 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P, D VER WAY, PHILIP 2001 SO RIVERSIDE DR EDGEWATER FL 32141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COOLRY, SEPHEN 774 INDIAN HARBOR OAK HILL FL 32759 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V, D PREKUP, RON 1829 LIME TREE DR EDGEWATER FL 32132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VERWAY, PHILIP 2001 SO. RIVERSIDE DR. EDGEWATER FL 32141 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	T, D MEHALKO, TRACY 515 JUNIPER EDGEWATER FL 32132 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD MEHALKO, TRACY 1515 JUPITER EDGEWATER FL 32141 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD ROBITZSCH, MARK 1816 DATE PALM EDGEWATER FL 32141 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD KILMAN, MIKIE 242 GARY AVENUE OAK HILL FL 32759 <input checked="" type="checkbox"/> DELETE	6.1 TITLE 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, with all other like empowered.

SIGNATURE: PHILIP VER WAY Philip Ver Way 4-30-99 904 428 3063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #