


FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N47110** (4)  
1. Corporation Name

**BEVERLY HILLBILLIES SQUARE DANCE CLUB, INC.**

Principal Place of Business C/O JACK W. SMITH 231 N. ENTRY OAKS PT. LECATE FL 34461 US	Mailing Address C/O JACK W. SMITH 231 N ENTRY OAKS PT LECANTO FL 34461 US
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2. Principal Place of Business 21 <b>77 CIVIC @ IRL</b> Suite, Apt. #, etc. 22 City & State 23 <b>BEVERLY HILL FL.</b> Zip 24 <b>34461</b>	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29	30
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3. Date Incorporated or Qualified <b>01/31/1992</b>	
4. FEI Number <b>59-3041177</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SMITH, JACK  
231 N ENTRY OAKS PT  
LECANTO FL 34461

*SAME BUT  
ADDRESS WAS LISTED  
WRONG - CORRECTED*

10. Name and Address of New Registered Agent

81 Name <b>SMITH, JACK</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>231 N ENTRY OAKS PT</b>
83
84 City <b>LECANTO</b> FL 85 Zip Code <b>34461</b>

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MURRAY, DAVE & DEE
STREET ADDRESS	56 S. OSCEOLA ST
CITY-ST-ZIP	BEVERLY HILLS FL
TITLE	VPD
NAME	LEAVITT, LESLIE &
STREET ADDRESS	864 W. GLEASON DR.
CITY-ST-ZIP	BEVERLY HILLS FL
TITLE	TD
NAME	SMITH, JACK & BETTY
STREET ADDRESS	231 N. ENTRY OAKS PT
CITY-ST-ZIP	LECANTO FL
TITLE	S
NAME	LEE, KATHERINE
STREET ADDRESS	952 W. BEAR RUSH LANE
CITY-ST-ZIP	BEVERLY HILLS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: **GEORGE D. MURRAY** *George D. Murray* 1-17-98 352-146-3029

CR2E037 (10/97)