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Mar 12 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 # N50218 (9)			
1. Corporation Name THE VETTE SET CORVETTE CLUB, INC.			
Principal Place of Business P.O. BOX 4158 GAINESVILLE FL 32613-4158		Mailing Address P.O. BOX 4158 GAINESVILLE FL 32613-4158	
2. Principal Place of Business 21 PO BOX 4158		2a. Mailing Address 26 PO BOX 4158	
Suite, Apt. #, etc. 22 /		Suite, Apt. #, etc. 27 /	
City & State 23 GAINESVILLE, FL		City & State 28 GAINESVILLE, FL	
Zip 24 32608		Country 25 U.S.A.	
9. Name and Address of Current Registered Agent TICE, JEFF 2324 NW 42ND PLACE GAINESVILLE FL 32605		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 C. Bass DATE 03/05/98 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEAN, CAROL 6401 NW 56 LN GAINESVILLE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	SAM
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAUL, VI 5419 CR 352 KEYSTONE HEIGHTS FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SAM
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STILWELL, CHARLOTTE 19185 NW 88TH AVE. REDDICK FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SAM
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BASS, CANSEL 3734 SW 56 RD GAINESVILLE FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	SAM
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	



CR2E037 (10/97)

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:

03/05/98