


FILE NOW: FILING FEE IS \$61.25

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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90143 047 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000006278

1. Corporation Name
APOLLO BEACH WATERWAY IMPROVEMENT GROUP, INC.

Principal Place of Business ROBERT H. MOHR, ATTORNEY 137 S PEBBLE BEACH BLVD #100 SUN CITY CENTER FL 33573-5718 US	Mailing Address ROBERT H. MOHR, ATTORNEY 137 S. PEBBLE BEACH BLVD #100 SUN CITY CENTER FL 33573-5718 US
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 361528 - 90143 - 47 8 *



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/22/1994
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3292113
22 City & State	27 City & State	Applied For Not Applicable
23 Zip	28 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip	25 Country	29 Zip
26 Country	30 Country	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		10. Name and Address of New Registered Agent	
MOHR, ROBERT H CORPORATE CENTER, SUITE 100 137 S. PEBBLE BEACH BLVD. SUN CITY CENTER FL 33573-5718		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGGARD, BOB	1.2 NAME	
STREET ADDRESS	6522 SOLITAIRE PALM WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITTLE, TOM	2.2 NAME	
STREET ADDRESS	6502 SANTIAGO COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMAN, OLIVER	3.2 NAME	
STREET ADDRESS	907 GOLF ISLAND DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMOLEMSKI, JOHN	4.2 NAME	
STREET ADDRESS	3004 TEGA K COURT APT 2	4.3 STREET ADDRESS	736 Jamaica Circle West
CITY-ST-ZIP	RIVERVIEW FL	4.4 CITY-ST-ZIP	Apollo Beach, FL
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, JERRY	5.2 NAME	
STREET ADDRESS	6413 RUBIA CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 _____ 4-16-99 (813)641-5216
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)