


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 15 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N38262** (4)
 1. Corporation Name

N.Y.C. DEPARTMENT OF SANITATION RETIREES & ASSOCIATES OF WEST FLORIDA, INC.



Principal Place of Business PO BOX 5054 HOLIDAY FL 34680 US	Mailing Address 4915 MILE STRETCH HUDSON FL 34674-5054 US
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3. Date Incorporated or Qualified
05/22/1990

4. FEI Number
58-1900885

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 5054
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 24	City & State 28 HUDSON FL
Zip 25	Country 29 34674 30 PASCO

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

CONNOLLY, ROBERT
8228 RHANBUOY RD.
SPRING HILL FL 34606

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, DONALD	1.2 NAME	
STREET ADDRESS	12911 BOX DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESENA, FRANK	2.2 NAME	
STREET ADDRESS	5131 PLUMOSA COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNOLLY, ROBERT	3.2 NAME	
STREET ADDRESS	8228 RHANBUOY ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMIA, JOSEPH	4.2 NAME	
STREET ADDRESS	7739 HECTOR STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENNA, ANTHONY	5.2 NAME	
STREET ADDRESS	6104 ROSE PETAL COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAMELLO, ANTHONY	6.2 NAME	
STREET ADDRESS	2515 MEADOWOOD DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	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)(l), 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: Robert Connolly 7/8/98
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)