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Feb 22, 1999 8:00 am
Secretary of State

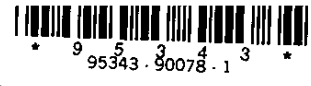
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000004339

1. Corporation Name
NEW YORK SOCIAL CLUB OF PALM COAST, INC.



Principal Place of Business ITALIAN-AMERICAN CLUB 45 OLD KINGS RD. PALM COAST FL 32137 US	Mailing Address P.O. BOX 353519 PALM COAST FL 32135-3519 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date incorporated or Qualified 09/08/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0191133
City & State 23	City & State 28	5. Certificate of Status Desired <input 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

PISCITELLI, RALPH
32 WESTLAWN PLACE
PALM COAST FL 32164

10. Name and Address of New Registered Agent

81 Name **CUNNANE, JOSEPH J.**

82 Street Address (P.O. Box Number is Not Acceptable)
21 ELDER DRIVE

83

84 City **PALM COAST** FL 85 Zip Code **32164**

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 **JOSEPH J. CUNNANE** *Joseph J. Cunnane* DATE **1-15-99**

Signature, typed or printed name of registered agent and title if applicable. (Not for Registered Agent signatures required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PISCITELLI, RALPH	
STREET ADDRESS	32 WESTLAWN PLACE	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FOWLER, LAURINE	
STREET ADDRESS	2 EAST LAND LN	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BASES, FRANK P	
STREET ADDRESS	23 CLEARVIEW COURT S	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BASES, FRAN	
STREET ADDRESS	23 CRESCENT CT N	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	AMMIRATA, BELLA	
STREET ADDRESS	33 CHRISTOPHER COURT	
CITY-ST-ZIP	PALM COAST FK 32137	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FLANAGAN, MAUREEN	
STREET ADDRESS	117 FORRESTER PLACE	
CITY-ST-ZIP	PALM COAST FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CUNNANE, JOSEPH J.	
1.3 STREET ADDRESS	21 ELDER DRIVE	
1.4 CITY-ST-ZIP	PALM COAST, FL 32164	
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, with all other like empowered.

SIGNATURE: *Signature* DATE: **1-15-99** DAYTIME PHONE #: **904 437-7640**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR