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NONPROFIT CORPORATION ANNUAL REPORT 1999

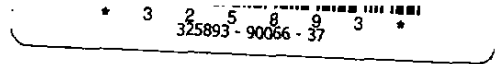


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N98000002328

1. Corporation Name
THE NEW JERSEY CLUB OF SPRING HILL, INC.

Principal Place of Business Mailing Address
5233 HAMLET CIR.
SPRING HILL, FL
34606



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	<u>APRIL 21 1998</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number <u>NON-PROFIT SOCIAL CLUB, NO ONE IS PAID.</u>
22	27	Applied For <input checked="" type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Trust Fund Contribution
24	25	29
		30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name <u>ROBERT S. KOCSIS</u>
	82 Street Address (P.O. Box Number is Not Acceptable) <u>5233 HAMLET CIR.</u>
	83 <u>SPRING HILL</u>
	84 City <u>FL</u> 85 Zip Code <u>34606</u>

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>ROBERT S. KOCSIS</u>	1.2 NAME	
STREET ADDRESS	<u>5233 HAMLET CIR</u>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<u>SPRING HILL, FL 34606</u>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>JOE TELESU</u>	2.2 NAME	
STREET ADDRESS	<u>14205 DAK KNOLL ST.</u>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<u>SPRING HILL, FL 34609</u>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>WARREN BARTOLOMO</u>	3.2 NAME	
STREET ADDRESS	<u>4665 KIRKLAND AVE</u>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<u>SPRING HILL, FL 34606</u>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>FRANK SIRIANNI</u>	4.2 NAME	
STREET ADDRESS	<u>4178 RAMONA DR</u>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<u>SPRING HILL, FL 34606</u>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>LOU ZITO</u>	5.2 NAME	
STREET ADDRESS	<u>11352 BLYTHVILLE RD</u>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<u>SPRING HILL, FL 34606</u>	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: ROBERT S. KOCSIS Date: 3/18/99 Daytime Phone #: 352-688-3708

CR2E037 (1/98)