


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Matham</b> , Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **733518** (5)

1. Corporation Name

**WESTSIDE CLUB, INC.**

Principal Place of Business

**4615 LEXINGTON AVE  
JACKSONVILLE FL 32210**

Mailing Address

**4615 LEXINGTON AVE  
JACKSONVILLE FL 32210**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/07/1975</b>		3a. Date of Last Report <b>05/01/1996</b>	
21		26 <b>P.O. Box 7056</b>		4. FEI Number <b>59-1830595</b>		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 City & State		28 <b>JACKSONVILLE FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Zip		25 Country		29 <b>32238</b>		30 Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

**CHAPMAN, DANIEL  
3900 DUPONT CIRCLE  
JACKSONVILLE FL 32205**

10. Name and Address of New Registered Agent

81 Name	<b>ANNE H. HARTSCHLAG</b>		
82 Street Address (P.O. Box Number is Not Acceptable)	<b>7952 FALCON ST</b>		
83			
84 City	<b>JACKSONVILLE</b>	85 Zip Code	<b>FL 32244</b>

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

*Anne H. Hartschlag*

(NOTE: Registered Agent signature required when reinstating)

**7-24-97**

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	<b>DP VANNOY, DON</b>	<b>4809 HEADLEY TER</b>	<b>JACKSONVILLE FL</b>	<input checked="" type="checkbox"/> DELETE			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	<b>DVP MORRIS, GEORGE E</b>	<b>1663 MORNINGSIDE DR</b>	<b>MIDDLEBURG FL</b>	<input checked="" type="checkbox"/> DELETE			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	<b>T CHAPMAN, DANIEL</b>	<b>3900 DUPONT CIRCLE</b>	<b>JACKSONVILLE FL 32205</b>	<input checked="" type="checkbox"/> DELETE			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
	<b>DS HARLIN, PATRICIA A</b>	<b>8767 PINE VALLEY LANE</b>	<b>JACKSONVILLE FL</b>	<input checked="" type="checkbox"/> DELETE			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
	<b>D NELSON, RONALD B</b>	<b>5065B SEA HORSE CT</b>	<b>JACKSONVILLE FL</b>	<input checked="" type="checkbox"/> DELETE			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
	<b>D BUSCH, RONALD M</b>	<b>RT. 4 BOX 148</b>	<b>CALLAHAN FL</b>	<input checked="" type="checkbox"/> DELETE			

14. I do 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 REQUIRED

CR2E037 (497)