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Secretary of State

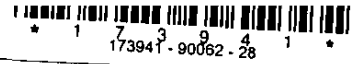
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755513

1. Corporation Name
DALE VILLAGE SOCIAL CLUB, INC.



Principal Place of Business 4901 S.W. 27TH COURT PEMBROKE PARK FL 33023	Mailing Address 4901 S.W. 27TH COURT PEMBROKE PARK FL 33023
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 12/11/1980	4. FEI Number 65-0119026 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

CERNY, DANIELLE
 4901 S.W. 27TH COURT
 DALE VILLAGE, INC.
 PEMBROKE PARK FL 33023

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			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

TITLE	D	<input type="checkbox"/> DELETE
NAME	HERARD, MARCEL	
STREET ADDRESS	4901 SW 25 CT	
CITY-ST-ZIP	PEMBROKE PARK FL 33023	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLARD, JEAN C	
STREET ADDRESS	4880 S.W. 28TH ST.	
CITY-ST-ZIP	PEMBROKE PARK FL 33023	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	DION, LUCILLE	
STREET ADDRESS	4885 SW 26 ST	
CITY-ST-ZIP	PEMBROKE PARK FL 33023	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MASSE, ESTELLE	
STREET ADDRESS	4870 SW 26 CT.	
CITY-ST-ZIP	PEMBROKE PARK, FL 00000	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GARDNER, ROCH	
STREET ADDRESS	2780 S.W. 51 TERRASSE	
CITY-ST-ZIP	PEMBROKE PARK, FL 00000 33023	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HERARD, MARCEL	
1.3 STREET ADDRESS	4901 SW 25 CT	
1.4 CITY-ST-ZIP	PEMBROKE PARK FL 33023	
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	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PICHETTE, JACQUES	
3.3 STREET ADDRESS	5146 SW 26 ST	
3.4 CITY-ST-ZIP	PEMBROKE PARK FL 33023	
4.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MASSE, ESTELLE	
4.3 STREET ADDRESS	4870 SW 26 CT	
4.4 CITY-ST-ZIP	PEMBROKE PARK FL 33023	
5.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VIENS, ANDRE	
5.3 STREET ADDRESS	5100 SW 27 CT	
5.4 CITY-ST-ZIP	PEMBROKE PARK FL 33023	
6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MALBOEUF, CLAIRE	
6.3 STREET ADDRESS	5125 SW 26 ST	
6.4 CITY-ST-ZIP	PEMBROKE PARK FL 33023	

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 Feb 19, 99 (954) 987-9471

CR2E037 (1/98)