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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # ~~P99000025257~~ 758208

1. Corporation Name
ST. PETERSBURG YOUNG REPUBLICAN CLUB, INC

605415 - 90007 - 12

Principal Place of Business	Mailing Address
1900 ILLINOIS AVE. NE, STE.7 ST. PETERSBURG FL 33703	P.O. BOX 12575 ST. PETERSBURG FL 33733

2. Principal Place of Business	2a. Mailing Address
21 13857 80TH AVE N	26 P.O. BOX 12575
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: SEMINOLE, FL	28 City & State: ST. PETERSBURG, FL
24 Zip: 33776 25 Country: USA	29 Zip: 33733 30 Country: USA

3. Date Incorporated or Qualified: ~~[illegible]~~ 10/29/81

4. FEI Number: [ ] Applied For [X] Not Applicable

5. Certifcate of Status Desired [ ] **$8.75** Additional Fee Required

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

9. Name and Address of Current Registered Agent

DOMENICK SICILIANO
1900 ILLINOIS AVE NE, STE.7
ST. PETERSBURG
FL 33703

10. Name and Address of New Registered Agent

81 Name: MAY-WONG CHOU, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 214 SECOND STREET NORTH
83
84 City: ST. PETERSBURG FL 85 Zip Code: 33701

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: May-Wong Chou MAY-WONG CHOU, ESQ. DATE: 6/14/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT + DIRECTOR DOMENICK SICILIANO 1900 ILLINOIS AVE. NE, STE 7 ST. PETERSBURG FL 33703 [X] DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT + DIRECTOR SEAN W. SCULLY 13857 80TH AVE N SEMINOLE FL 33776 [ ] Change [X] Addit
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRESIDENT + DIRECTOR MARC ROMANO 12001 9TH ST. N. #2308 ST. PETERSBURG FL 337 [X] DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VICE-PRESIDENT + DIRECTOR MICHAEL HAUSER 11401 9TH ST. N. #2313 ST. PETERSBURG FL 33716 [ ] Change [X] Addi
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY + DIRECTOR LORI MERANDI 1900 ILLINOIS AVE NE ST PETERSBURG FL 33703 [X] DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SECRETARY + DIRECTOR MELISSA UNDERWOOD 109 114TH AVE. N ST. PETERSBURG FL 33716 [ ] Change [X] Addi
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P + DIRECTOR DAVID PRIOR 456 9TH AVE N. ST. PETERSBURG FL 3370 [X] DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	[ ] Change [ ] Addi
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER + DIRECTOR SUSAN POTTINGER 2400 FEATHER SOUND DR #513 CLEARWATER FL 33762 [ ] DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	[ ] Change [ ] Addi
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	[ ] Change [ ] Add

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: Sean Scully SEAN SCULLY 6/13/1999 727-393-6677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #