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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 767307 (2)
1. Corporation Name
YUGOSLAV-AMERICAN SOCIAL CLUB-INC.
10116 HEATHCLIFF - ST
SPRING HILL, FL. 34608

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified 3a. Date of Last Report 96

2. Principal Place of Business 21 10116 HEATHCLIFF-ST Suite, Apt. #, etc. 22 City & State 23 SPRING HILL - FL. Zip 24 34608	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number NOT APPLICABLE 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent MR ZLOCK LOTTIE 10116 HEATHCLIFF-ST. SPRING HILL, FL. 34608	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
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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 LOTTIE MR ZLOCK DATE 4-13-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
NAME	1211 CACTUS PR	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
STREET ADDRESS	BAYONET POINT, FL. 34667	2.1 TITLE	2.2 NAME
CITY-ST-ZIP	SUDAR EMIL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	5443 PASADENA DR.	3.1 TITLE	3.2 NAME
NAME	NEW PORT RICHEY FL 34652	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
STREET ADDRESS	SUDAR KAY	4.1 TITLE	4.2 NAME
CITY-ST-ZIP	5443 PASADENA PR.	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NEW PORT RICHEY FL 34652	5.1 TITLE	5.2 NAME
NAME	FEDYSKI JOHN	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
STREET ADDRESS	4472 BAY Ridge Ct.	6.1 TITLE	6.2 NAME
CITY-ST-ZIP	SPRING HILL, FL. 34606	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
TITLE	SKIDOLA IVAN	6.5 STREET ADDRESS	6.6 CITY-ST-ZIP
NAME	5815 BANTAM AVE.	6.7 STREET ADDRESS	6.8 CITY-ST-ZIP
STREET ADDRESS	NEW PORT RICHEY FL 34652	6.9 STREET ADDRESS	6.10 CITY-ST-ZIP
CITY-ST-ZIP	KRCMARIC RICHARD	6.11 STREET ADDRESS	6.12 CITY-ST-ZIP
TITLE	1720 APT. EISABELLA PR.	6.13 STREET ADDRESS	6.14 CITY-ST-ZIP
NAME	PORT RICHEY FL 34668	6.15 STREET ADDRESS	6.16 CITY-ST-ZIP
STREET ADDRESS		6.17 STREET ADDRESS	6.18 CITY-ST-ZIP
CITY-ST-ZIP		6.19 STREET ADDRESS	6.20 CITY-ST-ZIP

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, unchanged, or on an attachment with an address.

SIGNATURE: LEE WITT LEE WITT DATE 4/13/97 813-863-1064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)