


FILE NOW: FILING FEE IS \$61.25

FILED

May 05 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 # N26744 (5) 1. Corporation Name THE ITALIAN-AMERICAN SOCIAL CLUB OF LEHIGH ACRES, INC.
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Principal Place of Business P O BOX 276 LEHIGH ACRES FL 33970	Mailing Address P O BOX 276 LEHIGH ACRES FL 33970-0276
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/02/1988	3a. Date of Last Report 05/01/1996
4. FEI Number 51-0175785		Applied For <input type="checkbox"/> 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			

9. Name and Address of Current Registered Agent DESANTO, PETER P. 738 MANHATTAN ST. E. LEHIGH ACRES FL 33936		10. Name and Address of New Registered Agent 81 Name Connell, Ruth T 82 Street Address (P.O. Box Number is Not Acceptable) 308 Joel Blvd. 83 84 City Lehigh Acres FL 85 Zip Code 33936	
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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 Ruth T Connell President *Ruth T. Connell* 4/20/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNELL, RUTH T.	1.2 NAME	
STREET ADDRESS	308 JOEL BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESANTO, PETER P.	2.2 NAME	
STREET ADDRESS	738 MANHATTAN, SE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNONE, ELEANOR A	3.2 NAME	
STREET ADDRESS	220 DALEVIEW AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	3.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGO, ANNE	4.2 NAME	
STREET ADDRESS	1406 GRANDALE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEELE, THERESA E	5.2 NAME	
STREET ADDRESS	710 WILLOW DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	5.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORTESE, SAM	6.2 NAME	
STREET ADDRESS	605 EAST 3RD STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	6.4 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 if changed, or on an attachment with an address.

CR2E037 (9/96)