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FILED
Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31712 (5)
1. Corporation Name
POLISH AMERICAN SOCIAL CLUB OF BEVERLY HILLS, IN C.



Principal Place of Business PO BOX 640125 BEVERLY HILLS FL 34464-0125	Mailing Address PO BOX 640125 BEVERLY HILLS FL 34464-0125
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3. Date incorporated or Qualified
04/14/1989

4. FEI Number
59-2965314

Applied For	Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**BRETT, H. JAMES
511 EAST PENNSYLVANIA AVENUE
DUNNELLO FL 32630**

10. Name and Address of New Registered Agent

81 Name BRETT H. JAMES
82 Street Address (P.O. Box Number is Not Acceptable) 30093 EAST PENNSYLVANIA AVE
83 (ADDRESS CHANGE ONLY)
84 City DUNNELLO FL
85 Zip Code 34432

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 NAME STREET ADDRESS CITY-ST-ZIP	P SSUPERGAN, GENEVIEVE 1194 N. LION CLUB PORT LECANTO FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP1 MAZUREK, LORRAINE 425 SUGARMAPLE LANE BEVERLY HILLS FL 34465	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEMBKOWSKI, CHESTER J 84 W. ROYAL FERN PL BEVERLY HILLS FL 34465	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR KOPERA, GILBERT 4361 N. BACALL LP BEVERLY HILLS FL 34465	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MIKUTEL, JOHN 111 GOLDEN TUFF CT. BEVERLY HILLS FL 34465	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MACK, EDWARD 3905 N. SEMNOLE PT. CRYSTAL RIVER FL	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P MAZUREK LORRAINE 425 SUGARMAPLE LANE BEVERLY HILLS FL 34465	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VPI JAZWINSKI HENRY S 4219 S.W. 115TH LANE OCALA FL 34476	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S BANDUR BERNICE 399 W. SUGARMAPLE LANE BEVERLY HILLS FL 34465	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	TR SHIPLEY JEAN 11644 S.W. 70th CT. OCALA FL 34476	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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.

SIGNATURE: *Lorraine Mazurek* 4/15/98 352-746-5447

CR2E037 (10/97)