


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 18, 1999 8:00 am
Secretary of State

08-18-1999 90006 048 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999

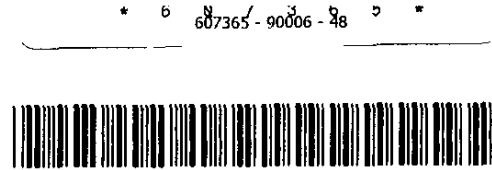


FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N35367
 1. Corporation Name
WESTSHORE SERTOMA CLUB, INC.

Principal Place of Business
 C/O CICOTELLI
 715 SANDY HOOK LN
 PALM HARBOR FL 34683
 US

Mailing Address
 C/O CICOTELLI
 715 SANDY HOOK LN
 PALM HARBOR FL 34683
 US



21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/27/1989
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-6213278
23. City & State	27. City & State	Applied For Not Applicable
24. Zip Country	28. Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25. Zip Country	29. Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
30. Zip Country		

9. Name and Address of Current Registered Agent

YADO, JESS J., III
 4830 W. KENNEDY BLVD.
 SUITE 750, ONE URBAN CENTRE
 TAMPA FL 33609

10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD CICOTELLI, BRUNO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	715 SANDY HOOK LN	1.2 NAME	
STREET ADDRESS	PALM HARBOR FL 34683	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD JOYCE, JEAN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4522 SWANN AVE	2.2 NAME	
STREET ADDRESS	TAMPA FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD MOOREHEAD, HARRY	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4707 LEONA ST	3.2 NAME	
STREET ADDRESS	TAMPA FL 33609	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D BRINEN, PHIL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4706 MELROSE AVE	4.2 NAME	
STREET ADDRESS	TAMPA FL 33609	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D CULLARO, JOHN	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1836 HENLEY RD	5.2 NAME	
STREET ADDRESS	LUTZ FL 33549	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D GIUNTA, SAM	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3302 AZEELE ST	6.2 NAME	
STREET ADDRESS	TAMPA FL	6.3 STREET ADDRESS	5300 BAYSHORE BLVD. #C-2
CITY-ST-ZIP		6.4 CITY-ST-ZIP	TAMPA, FL 33611

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 in an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 8-15-99 (813) 933-2336
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: SAM A. GIUNTA
 Date: 8-15-99 Daytime Phone #: (813) 933-2336

CR2E037 (5/99)