

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N38586** (6)

1. Corporation Name

**THE NEW ENGLAND SOCIAL CLUB, INC.**



Principal Place of Business <b>% ROBERT WELSH 3952 NORTH BLAZINGSTAR BEVERLY HILLS FL 34465 US</b>	Mailing Address <b>% ROBERT WELSH 3952 NORTH BLAZINGSTAR BEVERLY HILLS FL 34465-3393 US</b>
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3. Date Incorporated or Qualified <b>06/13/1990</b>	3a. Date of Last Report <b>03/07/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Country <b>29</b>

4. FEI Number <b>59-3016108</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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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 <b>WELLS, JOHN 213 S BARBOUR ST BEVERLY HILLS FL 34465-4054</b>	
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>WELSH, ROBERT</b>
STREET ADDRESS	<b>3952 NORTH BLAZINGSTAR</b>
CITY - ST - ZIP	<b>BEVERLY HILLS FL</b>
TITLE	VD <input type="checkbox"/> DELETE
NAME	<b>WORESTER, EDSON</b>
STREET ADDRESS	<b>7 NORTH JEFFERSON STREET</b>
CITY - ST - ZIP	<b>BEVELY HILLS FL</b>
TITLE	VD <input type="checkbox"/> DELETE
NAME	<b>LUPO, ROBERT</b>
STREET ADDRESS	<b>530 WEST BUTTONBUSH DRIVE</b>
CITY - ST - ZIP	<b>BEVERLY HILLS FL</b>
TITLE	DS <input type="checkbox"/> DELETE
NAME	<b>HOAG, RUTH</b>
STREET ADDRESS	<b>450 W. BUTTONBUSH DR.</b>
CITY - ST - ZIP	<b>BEVERLY HILLS FL</b>
TITLE	TD <input type="checkbox"/> DELETE
NAME	<b>LOFTUS, HERBERT</b>
STREET ADDRESS	<b>984 WEST COLBERT COURT</b>
CITY - ST - ZIP	<b>BEVERLY HILLS FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)