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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N50717 (0)
1. Corporation Name
ITALIAN-AMERICAN SOCIAL CLUB OF POLK COUNTY, INC



Principal Place of Business 1599 - 6TH ST., SE WINTER HAVEN FL 33884 US	Mailing Address 575 NORTHRIDGE TR LAKELAND FL 33813-1561 US
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3. Date Incorporated or Qualified 09/03/1992	3a. Date of Last Report 04/19/1996
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2. Principal Place of Business 21	2a. Mailing Address 26 P.O. BOX 7496
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 WINTER HAVEN, FL 33883
City & State 23	City & State 28
Zip 24	Country 25 USA

4. FEI Number 59-3188662	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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BELL, WALTER G.
98 FIRST STREET NORTH
WINTER HAVEN FL 33881**

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

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	PD	<input type="checkbox"/> DELETE
NAME	SEGI, ANTONINO	
STREET ADDRESS	3319 FOXRIDGE DR.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SAMMARO, ROBERT	
STREET ADDRESS	1491 AVE FNE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GARBER, SHARON	
STREET ADDRESS	154 BERGEN CIR	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SAMMARD, ROBERT	
STREET ADDRESS	1491 AVE. F, NE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SEGI, ANTONINO	
STREET ADDRESS	3319 FOXRIDGE DR	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CATALDI, ROBERT	
STREET ADDRESS	575 NORTHRIDGE TR	
CITY-ST-ZIP	LAKELAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Antonio Montanari	
1.3 STREET ADDRESS	1600 Ave L NW	
1.4 CITY-ST-ZIP	Winter Haven, FL	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BABS NIETO	
2.3 STREET ADDRESS	221 WELLS RD.	
2.4 CITY-ST-ZIP	Auburndale, FL	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gloria Wurth	
3.3 STREET ADDRESS	1326 Morningside Dr.	
3.4 CITY-ST-ZIP	Lake Wales, FL	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Clara Tancredi	
4.3 STREET ADDRESS	1204 Cypress Point E	
4.4 CITY-ST-ZIP	Winter Haven, FL	
5.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ROBERT SAMMARO	
5.3 STREET ADDRESS	1491 AVE F NE	
5.4 CITY-ST-ZIP	WINTER HAVEN, FL	
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.

SIGNATURE: Antonino Segi ANTONINO - SERGI Date _____ Daytime Phone # 0053142

CR2E037 (9/96)