

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 12 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N50835 (0)**

1. Corporation Name

PITTSBURGH STEEL THUNDER CLUB, INC.

Principal Place of Business

**6342B, 7 SPRINGS BLVD.
LAKE WORTH FL 33463**

Mailing Address

**6342B, 7 SPRINGS BLVD.
LAKE WORTH FL 33463**3. Date Incorporated or Qualified
09/11/19923a. Date of Last Report
01/29/1996

2. Principal Place of Business

21 3013 30th Lane

2a. Mailing Address

26 3013 30th Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23 Lake Worth FL**28 Lake Worth, FL**

Zip

Zip

Country

Country

24 33463**25 Palm Beach****29 33463****30 Palm Beach**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CONDIO, MICHAEL C.
6342B, 7 SPRINGS BLVD.
LAKE WORTH FL 33463****81 Name Yvonne Bury****82 Street Address (P.O. Box Number is Not Acceptable)
3013 30th Lane****83****84 City Lake Worth, FL****FL****85 Zip Code 33461**

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

Feb 03 1997

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	D	<input type="checkbox"/> DELETE
NAME	CONDIO, MICHAEL C.	
STREET ADDRESS	6342B, 7 SPRINGS BLVD.	
CITY - ST - ZIP	LAKE WORTH FL	

1.1 TITLE	Elsie T. Pollak	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Director	
1.3 STREET ADDRESS	280 Arabian Road	
1.4 CITY - ST - ZIP	Palm Springs, FL 33461	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BURY, YVONNE	
STREET ADDRESS	3013 30TH LANE	
CITY - ST - ZIP	LAKE WORTH FL 33463	

2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sam Seymour	
2.3 STREET ADDRESS	4025 S. Military Trail	
2.4 CITY - ST - ZIP	Lake Worth, FL 33463	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCORZA, PAT	
STREET ADDRESS	6878 19 DR S	
CITY - ST - ZIP	LANTANA FL 33462	

3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sean A. Thornton	
3.3 STREET ADDRESS	614 NE 8th Avenue	
3.4 CITY - ST - ZIP	Delray Beach, FL 33483	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CONDIO, JEANETTE	
STREET ADDRESS	6342B, 7 SPRINGS BLVD.	
CITY - ST - ZIP	LAKE WORTH FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JEFFERY, WILLIAM	
STREET ADDRESS	8605 BARON DRIVE	
CITY - ST - ZIP	BOYNTON BEACH FL	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JEFFERY, MARY LOU	
STREET ADDRESS	8605 BARON DRIVE	
CITY - ST - ZIP	BOYNTON BEACH 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0070000

CR2E037 (9/96)