

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000004339 (6)**

1. Corporation Name

**NEW YORK SOCIAL CLUB OF PALM COAST, INC.**



Principal Place of Business

Mailing Address

**45 OLDS KINGS ROAD  
PALM COAST FL 32137**

**POST OFFICE BOX 353519  
PALM COAST FL 32137**

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>09/08/1995</b>   | 3a. Date of Last Report                                |
| 4. FEI Number<br><b>65-0191133</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21                             | 26                  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| 22                             | 27                  |
| City & State                   | City & State        |
| 23                             | 28                  |
| Zip                            | Zip                 |
| 24                             | 29                  |
| Country                        | Country             |
| 25                             | 30                  |

**9. Name and Address of Current Registered Agent**

**PRESCOTT, HILTON E  
42 FLORIDA PARK DRIVE  
PALM COAST FL 32137**

**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 |
|   | <b>FL</b>   |

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 re-stating)

*Hilton E Prescott*

*4/26/96*

**FL**

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                        |
|----------------------------|---|--|
| TITLE                      | PD<br>PRESCOTT, HILTON E<br>42 FLORIDA PARK DRIVE<br>PALM COAST FL      | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP           |
|                            | <input type="checkbox"/> DELETE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                      | VD<br>TELLER, STANLEY<br>20 PINEHURST PLACE<br>PALM COAST FL            | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP           |
|                            | <input checked="" type="checkbox"/> DELETE                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | TD<br>BASES, FRANK P<br>23 CLEARVIEW COURT S<br>PALM COAST FL 32137     | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP           |
|                            | <input type="checkbox"/> DELETE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                      | SD<br>SCHWARTZ, MURIEL<br>21 WOODCREST LANE<br>PALM COAST FL 32164      | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP           |
|                            | <input checked="" type="checkbox"/> DELETE                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | VD<br>AMMIRATA, BELLA<br>33 CHRISTOPHER COURT<br>PALM COAST FL 32137    | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP           |
|                            | <input type="checkbox"/> DELETE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                      | SD<br>MARTINETTI, ELIZABETH<br>32 FLINTHILL LANE<br>PALM COAST FL 32137 | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP           |
|                            | <input type="checkbox"/> DELETE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

*VD  
MARTINETTI, ANTHONY  
32 FLINTHILL LANE  
PALM COAST, FL 32137*

*SD  
CADET, CARLO  
121 N. CORAL REEF CT.  
PALM COAST, FL 32135*

**700001869157**  
**-06/20/96--01029--008**  
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Hilton E Prescott*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/26/96*  
Date

*904-445-9470*  
Daytime Phone #

CFR2E037 (12/95)