


FILE NOW: FILING FEE IS \$61.25

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Feb 02, 1999 8:00am
Secretary of State

02-02-1999 90031 047 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002685

1. Corporation Name

PYCC COUNCIL, INC.

Principal Place of Business

5950 PELICAN BAY PLAZA
#1102
GULFPORT FL 33707
US

Mailing Address

5950 PELICAN BAY PLAZA
#1102
GULFPORT FL 33707
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	05/21/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3382970
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23	28	\$8.75 Additional Fee Required
Zip	Zip	6. Election Campaign Financing <input type="checkbox"/>
24	30	\$5.00 May Be Added to Fees
Country	Country	Trust Fund Contribution
25	31	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BACON, DAVID A
2959 1ST AVE N
ST PETERSBURG FL 33713

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTHOLOMAE, JOHN J	1.2 NAME	
STREET ADDRESS	5906 SKINNER POINT BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT FL 33707	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT, J W	2.2 NAME	
STREET ADDRESS	5950 PELICAN BAY PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33707	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE, KAPLAN J	3.2 NAME	
STREET ADDRESS	2775 KIPPS COLONY DR #206	3.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT FL 33707	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSLOW, RICHARD	4.2 NAME	
STREET ADDRESS	5950 PELICAN BAY PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33707	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOMMERVILLE, ARTHUR A	5.2 NAME	
STREET ADDRESS	2775 KIPPS COLONY DR., #102	5.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT FL	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRANY, ZOLTAN	6.2 NAME	
STREET ADDRESS	6131 PASADENA POINT BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT FL 33707	6.4 CITY-ST-ZIP	

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

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

1/14/99

717/343-3835