


**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90051 012 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N98000003881</b> 1. Corporation Name <b>AMERICAN SOCIAL CLUB, INC.</b>		
Principal Place of Business 8080 FAIRVIEW DRIVE BUILDING 19, APARTMENT 102 TAMARAC FL 33321		Mailing Address 8080 FAIRVIEW DRIVE BUILDING 19, APARTMENT 102 TAMARAC FL 33321



2. Principal Place of Business 21 <b>1431 S. POWERLINE RD</b> Suite, Apt. #, etc. 22 City & State 23 <b>POMPANO BEACH FL.</b> Zip Country 24 <b>33069</b> 25 <b>USA</b>		2a. Mailing Address 26 <b>1431 S. POWERLINE RD</b> Suite, Apt. #, etc. 27 City & State 28 <b>POMPANO BEACH FL.</b> Zip Country 29 <b>33069</b> 30 <b>USA</b>		3. Date Incorporated or Qualified <b>07/02/1998</b> 4. FEI Number <b>65-0848350</b> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution	
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9. Name and Address of Current Registered Agent <b>CONTI, JOSEPH</b> <b>8080 FAIRVIEW DRIVE</b> <b>BUILDING 19, APARTMENT 102</b> <b>TAMARAC FL 33321</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOSEPH CONTI 8080 FAIRVIEW DR BLDG 19 #102 TAMARAC FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DENNIS CONNOLLY 6250 NW 99TH AVE TAMARAC FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CARMINE PEPE 9004 VILLA PORTIFINO CIR BOCA RATON 33496-FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DENNIS R. CONNOLLY 6250 NW 99TH AVE TAMARAC FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CARMINE PEPE 9004 VILLA PORTIFINO CIR BOCA RATON 33496 FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DENNIS R. CONNOLLY 6250 NW 99TH AVE TAMARAC FL 33321
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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 1-6-99 954-9778105

CR2E037 (11/98)