

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

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

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N98000003881 1. Corporation Name AMERICAN SOCIAL CLUB, INC.		
Principal Place of Business 8060 FAIRVIEW DRIVE BUILDING 19, APARTMENT 102 TAMARAC FL 33321	Mailing Address 8060 FAIRVIEW DRIVE BUILDING 19, APARTMENT 102 TAMARAC FL 33321	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 1431 S. POWERLINE RD Suite, Apt. #, etc.	26 1431 S. POWERLINE RD Suite, Apt. #, etc.	07/02/1998
22	27	4. FEI Number 65-0848350
23 POMPANO BEACH FL. City & State	28 POMPANO BEACH FL. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 33069 25 USA Zip Country	29 33069 30 USA Zip Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution

9. Name and Address of Current Registered Agent	10: Name and Address of New Registered Agent
CONTI, JOSEPH 8060 FAIRVIEW DRIVE BUILDING 19, APARTMENT 102 TAMARAC FL 33321	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DIRECTOR <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH CONTI	1.2 NAME	DENNIS R. CONNOLLY
STREET ADDRESS	8060 FAIRVIEW DR BLD 19 #102	1.3 STREET ADDRESS	6250 NW 89TH AVE
CITY-ST-ZIP	TAMARAC FL 33321	1.4 CITY-ST-ZIP	TAMARAC FL 33321
TITLE	DIRECTOR <input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNIS CONNOLLY	2.2 NAME	CARMINE PEPE
STREET ADDRESS	6250 NW 89TH AVE	2.3 STREET ADDRESS	9004 VILLA PORTIFINO CIR
CITY-ST-ZIP	TAMARAC FL 33321	2.4 CITY-ST-ZIP	BOCA RATON 33496 FL
TITLE	DIRECTOR <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	CARMINE PEPE	3.2 NAME	
STREET ADDRESS	9004 VILLA PORTIFINO CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON 33496 FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 1-6-99 954-977-8105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)