
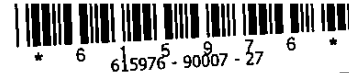


FILE NOW: FILING FEE IS \$61.25

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90007 027 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N 98000005367			
1. Corporation Name ITALIAN AMERICAN SOCIAL CLUB, INC.			
Principal Place of Business 5807 N.W. 82nd AVE TAMARAC, FL. 33321		Mailing Address 5807 N.W. 82nd AVE TAMARAC, FL. 33321	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		9/16/98	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0863392	
Country		Country		Applied For	
25		30		Not Applicable	
5. Certificate of Status Desired		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
29		30		6. Election Campaign Financing Trust Fund Contribution	
29		30		May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PHILIP A MARINO 5807 N.W. 82nd AVENUE 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: Philip A. Marino, Pres. DATE: 9/14/99
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 D	NAME OLGA LAWLER	1.1 TITLE	Change Addition
STREET ADDRESS	7000 N.W. 99th AVENUE	1.2 NAME	
CITY-ST-ZIP	TAMARAC, FL. 33321	1.3 STREET ADDRESS	
TITLE D	NAME VITO CAPUANA	1.4 CITY-ST-ZIP	Change Addition
STREET ADDRESS	7003 N.W. 63rd COURT	2.1 TITLE	
CITY-ST-ZIP	TAMARAC, FL. 33321	2.2 NAME	
TITLE D	NAME PETE LOZIER	2.3 STREET ADDRESS	Change Addition
STREET ADDRESS	6800 N.W. 70th STREET	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	TAMARAC, FL. 33321	3.1 TITLE	Change Addition
TITLE D	NAME JOHN PENDOLINO	3.2 NAME	
STREET ADDRESS	8103 N.W. 104th AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL. 33321	3.4 CITY-ST-ZIP	Change Addition
TITLE D	NAME ROBERT GALASSO	4.1 TITLE	
STREET ADDRESS	2607 N.W. 104th AVENUE	4.2 NAME	
CITY-ST-ZIP	SUNRISE, FL. 33322	4.3 STREET ADDRESS	Change Addition
TITLE T	NAME DIANE MEO	4.4 CITY-ST-ZIP	
STREET ADDRESS	8040 HAMPTON BLVD.	5.1 TITLE	Change Addition
CITY-ST-ZIP	N. LAUDERDALE, FL. 33068	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	Change Addition
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		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: Philip A. Marino, Pres. DATE: 9/14/99 954-722-5709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR