

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Feb 13 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ^ Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000002862 (0)
1. Corporation Name
WEST HERNANDO ATHLETIC CLUB SENIORS INC.



Principal Place of Business 4377 UNION SPRINGS AVE SPRING HILL FL 34608 US	Mailing Address 4377 UNION SPRINGS AVE SPRING HILL FL 34608 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13221 MONTEGO ST Suite, Apt. #, etc. 22 SPRING HILL FL City & State 23 34609 Zip 24		2a. Mailing Address 26 13221 MONTEGO ST Suite, Apt. #, etc. 27 SPRING HILL FL City & State 28 34609 Zip 29		3. Date Incorporated or Qualified 11/03/1992	
Country 25 US		Country 30 US		4. FEI Number 59-3086353	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent CORDERO, ALBERT 4377 UNION SPRINGS AVE SPRING HILL FL 34608				10. Name and Address of New Registered Agent 81 Name GIGLIOTTI, VINCENT 82 Street Address (P.O. Box Number is Not Acceptable) 13221 MONTEGO ST 83 84 City SPRING HILL FL 85 Zip Code 34609			
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Vincent P. Gigliotti* **VINCENT P. GIGLIOTTI** **2-7-98**
Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	CORDERO, ALBERT STREET ADDRESS 4377 UNION SPRINGS AVE CITY-ST-ZIP SPRING HILL FL	1.1 TITLE <input checked="" type="checkbox"/> DELETE	1.1 TITLE P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CORDERO, ALBERT		1.2 NAME	WASKEY, ARTHUR
STREET ADDRESS 4377 UNION SPRINGS AVE		1.3 STREET ADDRESS	7515 LITTLE TEE LN
CITY-ST-ZIP SPRING HILL FL		1.4 CITY-ST-ZIP	BROOKSVILLE FL 34613
TITLE VP	LYONS, JACK STREET ADDRESS 4572 TIBURON AVE CITY-ST-ZIP SPRING HILL FL	2.1 TITLE <input type="checkbox"/> DELETE	2.1 TITLE S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LYONS, JACK		2.2 NAME	ROGERS, LLOYD
STREET ADDRESS 4572 TIBURON AVE		2.3 STREET ADDRESS	5165 PANTHER DR
CITY-ST-ZIP SPRING HILL FL		2.4 CITY-ST-ZIP	SPRING HILL FL
TITLE T	GIGLIOTTI, VINCENT STREET ADDRESS 13221 MONTEGO ST CITY-ST-ZIP SPRING HILL FL	3.1 TITLE <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GIGLIOTTI, VINCENT		3.2 NAME	
STREET ADDRESS 13221 MONTEGO ST		3.3 STREET ADDRESS	
CITY-ST-ZIP SPRING HILL FL		3.4 CITY-ST-ZIP	
TITLE S	KING, RON STREET ADDRESS 11348 FOOL DUCK DR CITY-ST-ZIP BROOKSVILLE FL	4.1 TITLE <input checked="" type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KING, RON		4.2 NAME	
STREET ADDRESS 11348 FOOL DUCK DR		4.3 STREET ADDRESS	
CITY-ST-ZIP BROOKSVILLE FL		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Vincent P. Gigliotti* **VINCENT P. GIGLIOTTI** **1-27-98** **352-488-9186**

CR2E034 (10/97)