

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 738573 (5)  
1. Corporation Name  
IL CIRCOLO, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB -6 PM 12:07

Principal Place of Business Mailing Address  
3605 S. OCEAN BLVD. APT. B-307 PALM BEACH FL 33480  
3605 S. OCEAN BLVD. APT. B-307 PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/06/1977  
3a. Date of Last Report 02/08/1994  
4. FBI Number NOT APPLICABLE Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent  
MARZELLI, RICHARD A.  
3605 S. OCEAN BLVD., APT. B-307  
W PALM BEACH, FL  
PALM BEACH FL 33480

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 Zip Code

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: [Signature] NO DATE: [Date]

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	PULVIRENTI, ELSA
STREET ADDRESS	2297 SARATOGA LANE
CITY-ST-ZIP	W PALM BCH. FL 33409
TITLE	D
NAME	CAGNO, CONSTANCE
STREET ADDRESS	740 MANTUCKET CIR.
CITY-ST-ZIP	W PALM BCH, FL 00000 33467
TITLE	SD
NAME	DIANA J. PUIBO
STREET ADDRESS	8180 WINTERLINE DRIVE
CITY-ST-ZIP	940 MACY ST. BOYNTON BEACH FL
TITLE	VD
NAME	SILVESTER, RENEE
STREET ADDRESS	1530 S OCEAN BLVD
CITY-ST-ZIP	PALM BCH. GARDENS FL 33401
TITLE	TD
NAME	RIPORTELLA, LILLIAN
STREET ADDRESS	5080 N. OCEAN DR., #51
CITY-ST-ZIP	SINGER ISLAND FL 33404
TITLE	PD
NAME	MARZELLI, A. RICHARD
STREET ADDRESS	3605 S OCEAN BLVD
CITY-ST-ZIP	PALM BCH. FL 33480

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	55D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ISATTW MELBA	
1.3 STREET ADDRESS	13-B LENINGTON LANE E	
1.4 CITY-ST-ZIP	P.B. GARDENS FL 33418	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Helen Collyer	
2.3 STREET ADDRESS	2661 MIKAZA DR	
2.4 CITY-ST-ZIP	P.B. GARDENS FL 33410	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	V. DELGELLO	
3.3 STREET ADDRESS	MARLBORO OVAL	
3.4 CITY-ST-ZIP	LAKE WORTH FL 33467	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S.V. FORTS	
4.3 STREET ADDRESS	2540 BOUND BROOK BLVD	
4.4 CITY-ST-ZIP	W. Palm Beach FL 33406	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	V. LANGELO	
5.3 STREET ADDRESS	231 OSGOODA WAY	
5.4 CITY-ST-ZIP	P.B. GARDENS FL 33480	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	P. SA FRON	
6.3 STREET ADDRESS	2403 HOPE LANE	
6.4 CITY-ST-ZIP	P. B. GARDENS FL 33410	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 1/31/95 552-1157