

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

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



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

3. Date incorporated or Qualified **04/06/1977** 3a. Date of Last Report **02/06/1995**  
4. FEI 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**  
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 28 Zip  
24 Country 25 Country 29 Country 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  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MECCA, ISOTTA</b>	1.2 NAME	<b>D PULVIRENTI ESA</b>
STREET ADDRESS	<b>13-B LENINGTON LANE E</b>	1.3 STREET ADDRESS	<b>2291 SARATOGA LANE</b>
CITY-ST-ZIP	<b>P B GARDENS FL</b>	1.4 CITY-ST-ZIP	<b>W. PALM BEACH FL 33409</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAGNO, CONSTANCE</b>	2.2 NAME	<b>DIANA J. PULEO</b>
STREET ADDRESS	<b>740 MANTUCKET CIR.</b>	2.3 STREET ADDRESS	<b>810 WATERLINE DR.</b>
CITY-ST-ZIP	<b>W PALM BCH, FL 00000</b>	2.4 CITY-ST-ZIP	<b>BOYNTON BCH FL 33437</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIES, DOROTHY SALLY VALENTI</b>	3.2 NAME	<b>S. VINCENT FORTE</b>
STREET ADDRESS	<b>948 MADY ST. W. PALM BEACH FL</b>	3.3 STREET ADDRESS	<b>2540 BOUND BROOK BLVD</b>
CITY-ST-ZIP	<b>OCEAN RIDGE 33435</b>	3.4 CITY-ST-ZIP	<b>W. PALM BCH FL 33406</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SILVESTER, RENEE</b>	4.2 NAME	<b>VIRGINIA LONGO</b>
STREET ADDRESS	<b>1530 S OCEAN BLVD</b>	4.3 STREET ADDRESS	<b>231 OSCEOLA WAY</b>
CITY-ST-ZIP	<b>PALM BCH. GARDENS FL</b>	4.4 CITY-ST-ZIP	<b>PALM BCH FL 33480</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIPORTELLA, LILLIAN</b>	5.2 NAME	<b>PAUL SAFRAN JR</b>
STREET ADDRESS	<b>5080 N. OCEAN DR., #51</b>	5.3 STREET ADDRESS	<b>2403 HOPE LN</b>
CITY-ST-ZIP	<b>SINGER ISLAND FL</b>	5.4 CITY-ST-ZIP	<b>P. B. GARDENS 33410</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARZELLI, A. RICHARD</b>	6.2 NAME	<b>ARMANDO SALERNO</b>
STREET ADDRESS	<b>3605 S OCEAN BLVD</b>	6.3 STREET ADDRESS	<b>170 CHILEAN AV</b>
CITY-ST-ZIP	<b>PALM BCH. FL</b>	6.4 CITY-ST-ZIP	<b>PALM BCH 33480</b>

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)(k), 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.

SIGNATURE: Richard A. Marzelli Date: 2/1/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY, MONTH, YEAR

CR2E037 (12/95)