


FILE NOW: FILING FEE IS \$61.25

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**Jan 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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		3605 S. OCEAN BLVD. APT. B-307 PALM BEACH FL 33480	
21	2. Principal Place of Business	26	2a. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	22	27	27
City & State		City & State	
23	23	28	28
24	24	29	29
25	25	30	30
26	26	31	31
27	27	32	32
28	28	33	33
29	29	34	34
30	30	35	35

3. Date Incorporated or Qualified	04/06/1977
4. FEI Number	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. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. 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

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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	3.D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MECCA, ISOTTA	1.2 NAME	DIANA J. Puleo
STREET ADDRESS	13-B LENINGTON LANE E	1.3 STREET ADDRESS	810 WATERLINE DR
CITY-ST-ZIP	P B GARDENS FL	1.4 CITY-ST-ZIP	BOYNTON BCH 33437
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAGNO, CONSTANCE	2.2 NAME	MARIE C. MAZZUCCO
STREET ADDRESS	740 MANTUCKET CIR.	2.3 STREET ADDRESS	4735 N. W. 7TH CT
CITY-ST-ZIP	W PALM BCH, FL 00000	2.4 CITY-ST-ZIP	LANTANA 33462
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENTI, SALLY	3.2 NAME	PAUL SAFRAN
STREET ADDRESS	6780 NORTH OCEAN BLVD	3.3 STREET ADDRESS	2403 HOPE LN
CITY-ST-ZIP	OCEAN RIDGE FL	3.4 CITY-ST-ZIP	P. BCH GARDENS 33480
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVESTER, RENEE	4.2 NAME	VIRGINIA LONGO
STREET ADDRESS	1530 S OCEAN BLVD	4.3 STREET ADDRESS	231 OSCEOLA WAY
CITY-ST-ZIP	PALM BCH. GARDENS FL	4.4 CITY-ST-ZIP	P. BCH F 33480
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIPORTELLA, LILLIAN	5.2 NAME	ARMAND SALERNO
STREET ADDRESS	5080 N. OCEAN DR., #51	5.3 STREET ADDRESS	170 CHILLEAN AV
CITY-ST-ZIP	SINGER ISLAND FL	5.4 CITY-ST-ZIP	P. BCH FL 33480
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARZELLI, A. RICHARD	6.2 NAME	VINCENT FORTE
STREET ADDRESS	3605 S OCEAN BLVD	6.3 STREET ADDRESS	2540 BOUND BROOK BLVD
CITY-ST-ZIP	PALM BCH. FL	6.4 CITY-ST-ZIP	W. PALM BCH FL 33406

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ 1/16/98

CR2E037 (10/97)