

FILE NOW: FILING FEE IS \$61.25

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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90086 005 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 738573

1. Corporation Name
IL CIRCOLO, INC.

Principal Place of Business 3605 S. OCEAN BLVD. APT. B-307 PALM BEACH FL 33480	Mailing Address 3605 S. OCEAN BLVD. APT. B-307 PALM BEACH FL 33480
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21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.	3. Date Incorporated or Qualified 04/06/1977
22. City & State	27. City & State	4. FEI Number NOT APPLICABLE
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	30. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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	SD <input type="checkbox"/> DELETE	1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PULEO, DIANA J	1.2 NAME	ELSA PULVIRENTI
STREET ADDRESS	810 WATERLINE DR	1.3 STREET ADDRESS	2297 SARATOGA LANE
CITY-ST-ZIP	BOYNTON BEACH FL 33437	1.4 CITY-ST-ZIP	W. Palm Beach Fl. 33409
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGGIORE, MARIE C	2.2 NAME	ROSE SILVESTER
STREET ADDRESS	4735 N.W. 7TH CT	2.3 STREET ADDRESS	3295 FLAGLER DR - 60
CITY-ST-ZIP	LANATANA FL 33462	2.4 CITY-ST-ZIP	W. Palm Bch 33401
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAFRAN, PAUL	3.2 NAME	CONSTANCE CAPO
STREET ADDRESS	2403 HOPE LANE	3.3 STREET ADDRESS	602 LACONIA CE.
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	3.4 CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LONGO, VIRGINIA	4.2 NAME	ISOTTA MECCA
STREET ADDRESS	231 OSCEOLA WAY	4.3 STREET ADDRESS	133 LEXINGTON LANE E
CITY-ST-ZIP	PALM BCH. GARDENS FL 33480	4.4 CITY-ST-ZIP	Palm Bch GARDENS FL 33418
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALERNO, ARMANDA	5.2 NAME	SALLY VALENTI
STREET ADDRESS	170 CHILZAN AVE	5.3 STREET ADDRESS	610 N. OCEAN BLVD
CITY-ST-ZIP	PALM BEACH FL 33480	5.4 CITY-ST-ZIP	OCEAN RIDGE FL 33435
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORTE, S. V	6.2 NAME	LILLIAN RIPOSTELLA
STREET ADDRESS	2540 BOUNDBROOK BLVD.	6.3 STREET ADDRESS	5080 N. OCEAN DR
CITY-ST-ZIP	WEST PALM BEACH FL 33406	6.4 CITY-ST-ZIP	N. SINGER ISLAND 33409

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: _____ DATE: **1/20/99** DAYTIME PHONE #: **582-1159**

CR2E037 (11/98)