

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 # **768222** (2)

1. Corporation Name

SONS OF ITALY, MIKE ACCARDI LODGE, INC.



Principal Place of Business Mailing Address
P.O. BOX 5754 DELTONA FL 32725

3. Date Incorporated or Qualified **05/02/1983** 3a. Date of Last Report **02/02/1995**

2. Principal Place of Business 2a. Mailing Address
21 **1270 DOYLE ROAD** 26 **P.O. BOX 5754**

4. FEI Number **59-2897941** Applied For Not Applicable

22 City & State **DELTONA, FL.** 27 City & State **DELTONA, FL.**

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip **32725** 25 Country **VOLUSIA** 29 Zip **32722** 30 Country **5754**

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

9. Name and Address of Current Registered Agent
**MAGGIO, MARGARET
958 WILMINGTON DR.
DELTONA FL 32725**

10. Name and Address of New Registered Agent
81 Name **JOHN BOWERS**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **160 LIVE OAK WOODS CT. #10-C**
84 City **DELTONA** FL 85 Zip Code **32725**

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 **JOHN BOWERS - FIN. SEC.** *John Bowers* **3/11/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CIAPETTI, DENNING	
STREET ADDRESS	522 S. ANAPOLIS DR.	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LO SAPIO, MARIE	
STREET ADDRESS	825 FRUITLAND ST.	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	CARRATURO, QUINTO	
STREET ADDRESS	2287 BELEN DRIVE	
CITY-ST-ZIP	DELTONA FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BOZZI, MICHAEL	
STREET ADDRESS	1547 S. HILL AVE.	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MAGGIO, MARGARET	
STREET ADDRESS	958 WILMINGTON DR.	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

11 TITLE	PRESIDENT - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	LOUIS MINISTERI	
13 STREET ADDRESS	160 LIVE OAK WOODS CT. #10-C	
14 CITY-ST-ZIP	DELTONA, FL. 32725	
21 TITLE	VICE PRESIDENT - T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	JOSEPH OLIVIERI	
23 STREET ADDRESS	2462 KIMBERLY DRIVE	
24 CITY-ST-ZIP	DELTONA, FL. 32738	
31 TITLE	FINANCIAL SECRETARY - T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	JOHN BOWERS	
33 STREET ADDRESS	160 LIVE OAK WOODS CT. #10-C	
34 CITY-ST-ZIP	DELTONA, FL. 32725	
41 TITLE	TREASURER - T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	ANTHONY MESSINA	
43 STREET ADDRESS	2494 LAKE HELEN OSTEEN RD.	
44 CITY-ST-ZIP	DELTONA, FL. 32738	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS	000001764170	
54 CITY-ST-ZIP	-04/01/96--01026--011	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS	***61.25	
64 CITY-ST-ZIP		

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: *John Bowers - Fin. Sec.* **3/11/96** 407-574-1122
Date Date Phone #
SG 3-30-96

CR2E037 (12/95)