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May 15 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 # 768222 (2)
 1. Corporation Name
SONS OF ITALY, MIKE ACCARDI LODGE, INC.



Principal Place of Business 1270 DOYLE RD DELTONA FL 32725	Mailing Address P.O. BOX 5754 DELTONA FL 32725-5754
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3. Date Incorporated or Qualified 05/02/1983
4. FEI Number 59-2897941
Applied For <input type="checkbox"/>
Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
Country 25	Country 30

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

BOWERS, JOHN
160 LIVE OAK WOODS CT
#10-C
DELTONA FL 32725

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	PD	1.1 TITLE	PD
NAME	MINISTERI, LOUIS G	1.2 NAME	MINISTERI, LOUIS A
STREET ADDRESS	160 LIVE OAK WOODS CT #10-C	1.3 STREET ADDRESS	140 ORCHID WOODS CT. #13A
CITY-ST-ZIP	DELTONA FL 32725	1.4 CITY-ST-ZIP	DELTONA, FL. 32725
TITLE	FST	2.1 TITLE	EST.
NAME	BOWERS, JOHN	2.2 NAME	JOHN H. BOWERS
STREET ADDRESS	160 LIVE OAK WOODS CT #10-C	2.3 STREET ADDRESS	140 ORCHID WOODS CT. #13A
CITY-ST-ZIP	DELTONA FL 32725	2.4 CITY-ST-ZIP	DELTONA, FL. 32725
TITLE	VD	3.1 TITLE	
NAME	OLIVERI, JOSEPH	3.2 NAME	
STREET ADDRESS	2462 KINBERLY DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32738	3.4 CITY-ST-ZIP	
TITLE	TT	4.1 TITLE	TT
NAME	RUSSELL, ALICE	4.2 NAME	PROVOST, CARMEN
STREET ADDRESS	2492 LAKE HELEN OSTEEEN RD	4.3 STREET ADDRESS	1458 SUMMIT HILL DRIVE
CITY-ST-ZIP	DELTONA FL	4.4 CITY-ST-ZIP	DELTONA, FL 32725
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *LOUIS A MINISTERI* *Louis A Ministeri* *4/28/98* *574-1122* (407)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0013566

CP2E037 (10/97)