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**95 APR 26 PM 1:10**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # N13376 (1)**

**1. Corporation Name  
THE CITTA FOUNDATION, INC.**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**Principal Place of Business Mailing Address  
1501 CORPORATE DR. SUITE #200 BOYNTON BEACH FL 33426**

DO NOT WRITE IN THIS SPACE

<b>3. Date Incorporated or Qualified</b> 03/01/1986	<b>3a. Date of Last Report</b> 08/08/1994
<b>4. FEI Number</b> 59-2635738	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$0.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>7. Nonprofit with IRS 501(c)(3) Tax Exempt Status</b> <input checked="" type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
<b>8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

**9. Name and Address of Current Registered Agent**  
**ARLEN, ROBERT M.  
1501 CORPORATE DR.  
SUITE #200  
BOYNTON BEACH FL 33426**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PTD</b>
<b>NAME</b>	<b>CITTA, JOSEPH A.</b>
<b>STREET ADDRESS</b>	<b>63 CRANMOOR DR</b>
<b>CITY - ST - ZIP</b>	<b>TOMS RIVER NJ</b>
<b>TITLE</b>	<b>SD</b>
<b>NAME</b>	<b>CITTA, ROSANNE L.</b>
<b>STREET ADDRESS</b>	<b>4 HOLLY STREET</b>
<b>CITY - ST - ZIP</b>	<b>TOMS RIVER NJ</b>
<b>TITLE</b>	<b>VD</b>
<b>NAME</b>	<b>CITTA, LILLIAN R.</b>
<b>STREET ADDRESS</b>	<b>63 CRANMOOR DR</b>
<b>CITY - ST - ZIP</b>	<b>TOMS RIVER NJ</b>
<b>TITLE</b>	<b>VD</b>
<b>NAME</b>	<b>CITTA, J PHILLIP</b>
<b>STREET ADDRESS</b>	<b>698 HOOPER AVE</b>
<b>CITY - ST - ZIP</b>	<b>TOMS RIVER NJ</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

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

<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2 NAME</b>	
<b>1.3 STREET ADDRESS</b>	
<b>1.4 CITY - ST - ZIP</b>	
<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2 NAME</b>	
<b>2.3 STREET ADDRESS</b>	
<b>2.4 CITY - ST - ZIP</b>	
<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2 NAME</b>	
<b>3.3 STREET ADDRESS</b>	
<b>3.4 CITY - ST - ZIP</b>	
<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2 NAME</b>	
<b>4.3 STREET ADDRESS</b>	
<b>4.4 CITY - ST - ZIP</b>	
<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2 NAME</b>	
<b>5.3 STREET ADDRESS</b>	
<b>5.4 CITY - ST - ZIP</b>	
<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b>	
<b>6.3 STREET ADDRESS</b>	
<b>6.4 CITY - ST - ZIP</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:** \_\_\_\_\_  
**JOSEPH A. CITTA, PRESIDENT**

**4/19/95 908-349-1600**  
Date Daytime Phone #