

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N13376** (1)
1. Corporation Name
THE CITTA FOUNDATION, INC.



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

3. Date Incorporated or Qualified: **03/01/1986**
3a. Date of Last Report: **04/26/1995**
4. FEI Number: **59-2635738**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
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

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

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

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 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 registering) DATE: _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	400001817884
5 3 STREET ADDRESS	-05/13/96--01020--009
5 4 CITY - ST - ZIP	***61.25
6 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 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: *Lillian R. Citta V.P.* DATE: **4/4/96** TELEPHONE: **908-349-1600**
LILLIAN R. CITTA, DIRECTOR

CR2E037 (12/95)