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 # N15450 (2)

1. Corporation Name

AMERICANS OF ITALIAN HERITAGE OF SUN CITY CENTER CORPORATION

Principal Place of Business	Mailing Address
PO BOX 5083 SUN CITY CENTER FL 33573-5009	PO BOX 5083 SUN CITY CENTER FL 33573-5009

3. Date Incorporated or Qualified: 06/18/1986
3a. Date of Last Report: 02/10/1995

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
Zip — 29 | Country — 30

4. FEI Number: 59-2606236 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

MUCCIO, JOHN
2527 LONIGAN PLACE
SUN CITY CENTER FL 33573

10. Name and Address of New Registered Agent

81 Name: ALFRED GALIETTA
82 Street Address (P.O. Box Number is Not Acceptable): 1612 DEL WEBB BLVD W
83: SUN CITY CENTER
84 City: FL 85 Zip Code: 33573

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: ALFRED GALIETTA — alfred Galietta — 3/11/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MUCCIO, JOHN 2527 LONIGAN PLACE SUN CITY CENTER FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PD ☒ Change ☐ Addition ALFRED GALIETTA 1612 DEL WEBB BLVD W. SUN CITY CENTER, FLA, 33573
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RIANI, ROCCO 1515 LELAND DR SUN CITY CENTER FL 33573	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VD VINCENT LACOPELLA ☒ Change ☐ Addition 736 Mc DANIELS ST W SUN CITY CENTER FLA 33573
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GALIETTA, ALFRED 1612 DEL WEBB BLVD SUN CITY CTR. FL	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	TD EDWARD MASCIA ☐ Change ☐ Addition 4658 FULLHAM CT RP SUN CITY CENTER FLA 33573
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GRIMM, EDWARD 1414 LELAND DRIVE SUN CITY CENTER FL	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	SP DAINA ☐ Change ☐ Addition 766 McDANIEL ST RP SUN CITY CENTER FLA 33573
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DE MATTEIS JEANETTE 403 RICKEN BACKER DR. SUN CITY CTR. FL 33573	☒ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	SD SUE MOORE ☒ Change ☐ Addition 366 CALLOSH PHEMSCT SUN CITY CENTER FLA 33573
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MORRELL, ELEANOR 1720 DEL WEBB BLVD. SUN CITY CTR. FL	☒ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	SD DOROTHY CACCIARDI ☒ Change ☐ Addition 1503 NEW BEDFORD DRIVE SUN CITY CENTER FLA 33573

CR2E037 (12/95)

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: alfred Galietta — 3/11/96 — 813-634-2661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #