FILE NOW: FILING FEE IS $61.25

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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 33571-5083

3. Date Incorporated or Qualified: 06/18/1986
3a. Date of Last Report: 03/14/1996

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
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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

GALIETTA, ALFRED
1212 DEL WEBB BLVD W
SUN CITY CENTER FL 33573

10. Name and Address of New Registered Agent

81 Name: VINCENT LACOPOLA
82 Street Address (P.O. Box Number is Not Acceptable): 730 MC DANIELS ST.
83
84 City: SUN CITY CENTER 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.

X SIGNATURE: Vincent Lacopola — VINCENT LACOPOLA — DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	GALIETTA, ALFRED		1.2 NAME	LA COPOLA, VINCENT	
STREET ADDRESS	1212 DEL WEBB BLVD W.		1.3 STREET ADDRESS	730 MC DANIELS ST.	
CITY-ST-ZIP	SUN CITY CENTER FL		1.4 CITY-ST-ZIP	SUN CITY CENTER, FLA. 33573	
TITLE	VD	☒ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	LACUPOLA, VINCENT		2.2 NAME	JOSEPH CALVIELLO	
STREET ADDRESS	730 MCDANIELS ST		2.3 STREET ADDRESS	2117 PLATINUM DR.	
CITY-ST-ZIP	SUN CITY CENTER FL		2.4 CITY-ST-ZIP	SUN CITY CENTER, FLA. 33573	
TITLE	TD	☒ DELETE	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	MASCIA, BERRY		3.2 NAME	JOHN MUCCIO	
STREET ADDRESS	405-A FULHAM CT		3.3 STREET ADDRESS	2527 LONIGAN PL.	
CITY-ST-ZIP	SUN CITY CTR. FL		3.4 CITY-ST-ZIP	SUN CITY CENTER, FLA. 33573	
TITLE	TD	☒ DELETE	4.1 TITLE	RECORDING SECY.	☒ Change ☐ Addition
NAME	DANNA, PAT		4.2 NAME	JOSEPHINE MAURO	
STREET ADDRESS	960 MCDANIEL ST		4.3 STREET ADDRESS	409 GLADSTONE PL	
CITY-ST-ZIP	SUN CITY CENTER FL		4.4 CITY-ST-ZIP	SUN CITY CENTER, FLA. 33573	
TITLE	SD	☒ DELETE	5.1 TITLE	CORSP. SECY.	☒ Change ☐ Addition
NAME	NOCE, SUE		5.2 NAME	REGGIE MONTAGNA	
STREET ADDRESS	360 CALOOSA PALMS CT		5.3 STREET ADDRESS	1922 NEW BEDFORD DR.	
CITY-ST-ZIP	SUN CITY CTR. FL		5.4 CITY-ST-ZIP	SUN CITY CENTER, FLA. 33573	
TITLE	SD	☒ DELETE	6.1 TITLE	TRUSTEE	☒ Change ☐ Addition
NAME	GAGLIARDI, DOROTHY		6.2 NAME	MARY CONNORS	
STREET ADDRESS	1903 NEW BEDFORD DR		6.3 STREET ADDRESS	1113 EL RANCHO DR.	
CITY-ST-ZIP	SUN CITY CTR. FL		6.4 CITY-ST-ZIP	SUN CITY CENTER, FLA. 33573	

CR2E037 (9/96)

14. I do 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: Vincent Lacopola SIGNATURE REQUIRED — 4/16/97 — (813)634-3539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #