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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15450

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/18/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2606236 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

LACOPOLA, VINCENT
730 MCDANIELS ST
SUN CITY CENTER FL 33573

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 _____ 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	☐ Change ☐ Addition
NAME	LACOPOLA, VINCENT		1.2 NAME	
STREET ADDRESS	730 MCDANIELS ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CALVIELLO, JOSEPH		2.2 NAME	
STREET ADDRESS	2117 PLATINUM DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL		2. 4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MUCCIO, JOHN		3.2 NAME	
STREET ADDRESS	2527 LONGIAN PL		3.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL		3.4. CITY-ST-ZIP	
TITLE	RS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MAURO, JOSEPHINE		4. 2 NAME	
STREET ADDRESS	409 GLADSTONE PL		4.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL		4.4 CITY-ST-ZIP	
TITLE	CS	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MONTAGNA, REGGIE		5.2 NAME	
STREET ADDRESS	1922 NEW BEDFORD DR		5.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL		5.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CONNORS, MARY		6.2 NAME	
STREET ADDRESS	1113 EL RANCHO DR		6.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Vincent J. Lacopola **SIGNATURE REQUIRED** Vincent J. Lacopola JAN. 8, 1999 813-634-3539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #