

**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 # N94000003379 (4)**

1. Corporation Name  
**GILDA'S CLUB OF SOUTH FLORIDA, INC.**



Principal Place of Business Mailing Address  
**%RICK EGITTO**  
**3225 S. PORT ROYALE DR.**  
**FT. LAUDERDALE FL 33081**  
**P O BOX 3624**  
**3225 S. PORT ROYALE DR.**  
**HOLLYWOOD FL 33083**  
**US**

3. Date Incorporated or Qualified **07/08/1994** 3a. Date of Last Report **02/24/1995**  
4. FEI Number **65-0528626**  Applied For  
**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

2. Principal Place of Business 2a. Mailing Address  
21 **% Rick Egitto** 26  
Suite, Apt. #, etc. **Suite D** 27  
**4050 Sheridan St.**  
22 City & State 28  
**Hollywood, Florida**  
23 Zip 25 Country 29 Zip 30 Country  
**33021**

9. Name and Address of Current Registered Agent  
**GELLER, STEVEN A ESQ.**  
**1815 GRIFFIN RD.**  
**SUITE 403**  
**DANIA FL 33004**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box No. Only if Applicable)  
**330801727546**  
83 **-02/29/96-01017-007**  
**\*\*\*61.25**  
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 *[Signature]* **1/24/96**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SANTINI, TERRY</b>	
STREET ADDRESS	<b>8001 S.W. 36TH ST., SUITE 10</b>	
CITY-ST-ZIP	<b>DAVIE FL 33328</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WASSERMAN, SHARON</b>	
STREET ADDRESS	<b>6795 ALLEGRE COURT</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>NARDI, KELLYE'</b>	
STREET ADDRESS	<b>2290 S.W. 81ST AVE.</b>	
CITY-ST-ZIP	<b>DAVIE FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>EGITTO, RICK</b>	
STREET ADDRESS	<b>3225 S. PORT ROYALE DR.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33081</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>MASI, WENDY</b>	
STREET ADDRESS	<b>%3225 S. PORT ROYALE DR.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33081</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>HERRON, JANE</b>	
STREET ADDRESS	<b>%3225 S. PORT ROYALE DR.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33081</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>Vice President</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>Marietta Glazer</b>	
13 STREET ADDRESS	<b>5601 Holatee Trail</b>	
14 CITY-ST-ZIP	<b>Ft. Lauderdale, Fl. 33324</b>	
21 TITLE	<b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>Michael Dansky, CPA</b>	
23 STREET ADDRESS	<b>6311 Gauntiet Hall Lane</b>	
24 CITY-ST-ZIP	<b>Davie, Fl. 33331</b>	
31 TITLE	<b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS	<b>1010 SW 46th Ave. # 212</b>	
44 CITY-ST-ZIP	<b>Pompano Beach, Fl. 33069-0904</b>	
51 TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	<b>Founding Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: *[Signature]* **1/24/96** **954 963-9499**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Richard Egitto, President**  
Date Daytime Phone #