

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.
City & State 28
Hollywood, Florida
Zip 29 Country 30
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 Accepted) **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	D <input type="checkbox"/> DELETE
NAME	SANTINI, TERRY
STREET ADDRESS	8001 S.W. 36TH ST., SUITE 10
CITY-ST-ZIP	DAVIE FL 33328
TITLE	D <input type="checkbox"/> DELETE
NAME	WASSERMAN, SHARON
STREET ADDRESS	6795 ALLEGRE COURT
CITY-ST-ZIP	BOCA RATON FL
TITLE	D <input type="checkbox"/> DELETE
NAME	NARDI, KELLYE'
STREET ADDRESS	2290 S.W. 81ST AVE.
CITY-ST-ZIP	DAVIE FL
TITLE	P <input type="checkbox"/> DELETE
NAME	EGITTO, RICK
STREET ADDRESS	3225 S. PORT ROYALE DR.
CITY-ST-ZIP	FT. LAUDERDALE FL 33081
TITLE	V <input type="checkbox"/> DELETE
NAME	MASI, WENDY
STREET ADDRESS	%3225 S. PORT ROYALE DR.
CITY-ST-ZIP	FT. LAUDERDALE FL 33081
TITLE	S <input type="checkbox"/> DELETE
NAME	HERRON, JANE
STREET ADDRESS	%3225 S. PORT ROYALE DR.
CITY-ST-ZIP	FT. LAUDERDALE FL 33081

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Vice President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Marietta Glazer
13 STREET ADDRESS	5601 Holatee Trail
14 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33324
21 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Michael Dansky, CPA
23 STREET ADDRESS	6311 Gauntiet Hall Lane
24 CITY-ST-ZIP	Davie, Fl. 33331
31 TITLE	Secretary <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	1010 SW 46th Ave. # 212
44 CITY-ST-ZIP	Pompano Beach, Fl. 33069-0904
51 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	Founding Director <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 #