


**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

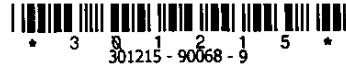
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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000005618**

1. Corporation Name  
**AMERICAN ITALIAN ASSOCIATION OF HOLLYWOOD ESTATE S, INC.**

Principal Place of Business 3300 NO. STATE RD.7,STE.408 HOLLYWOOD FL 33021	Mailing Address 3300 NO. STATE RD.7,STE.408 HOLLYWOOD FL 33021
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 09/30/1998	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent  <b>GAMBA, PAT</b> 3300 NO. STATE RD.7,STE.408 HOLLYWOOD FL 33021	81 Name	10. Name and Address of New Registered Agent	
	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	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBIASE, LOU	1.2 NAME	GAMBA, PAT
STREET ADDRESS	3300 N SR.7 J 717	1.3 STREET ADDRESS	3300 N SR7 E 408
CITY-ST-ZIP	HOLLYWOOD FL 33021	1.4 CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE	DVP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMBA, PAT	2.2 NAME	IDA GIANNETTINO
STREET ADDRESS	3300 N SR.7 E 408	2.3 STREET ADDRESS	3300 N SR7 - B187
CITY-ST-ZIP	HOLLYWOOD FL 33021	2.4 CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE	DT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALPERN, MILDRED	3.2 NAME	LOU GENNERI
STREET ADDRESS	3300 N SR.7 A 57	3.3 STREET ADDRESS	3300 N SR7 - A70
CITY-ST-ZIP	HOLLYWOOD FL 33021	3.4 CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEROSS, HELEN	4.2 NAME	
STREET ADDRESS	3300 N SR.7 A 87	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVER, BLANCHE	5.2 NAME	
STREET ADDRESS	3300 NO. STATE RD.7,J 717	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, LILLIAN	6.2 NAME	OLIVIO, ROSELLA
STREET ADDRESS	3300 NO. STATE RD.7,H 639	6.3 STREET ADDRESS	3300 N SR7 - A19
CITY-ST-ZIP	HOLLYWOOD FL 33021	6.4 CITY-ST-ZIP	HOLLYWOOD FL 33021

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: IDA GIANNETTINO VP 2/2/99 954-967-8512  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)