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Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000000997 (2)

1. Corporation Name

SICILIANO ENTERPRISES, INC.

Principal Place of Business

865 SOUTH CONGRESS AVENUE
WEST PALM BEACH FL 33406
US

Mailing Address

%JERRY M SYROP
1515 UNIVERSITY DRIVE, SUITE 218
CORAL SPRINGS FL 33071-8086

3. Date Incorporated or Qualified
12/27/1995

3a. Date of Last Report
05/01/1996

4. FEI Number

65-0631525

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SYROP, JERRY M
1515 UNIVERSITY DRIVE, SUITE 218
CORAL SPRINGS FL 33071

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SICILIANO, MICHAEL
STREET ADDRESS %1515 UNIVERSITY DR, SUITE 218
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE VD
NAME KEATHLEY, TIMOTHY
STREET ADDRESS %1515 UNIVERSITY DR, SUITE 218
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE ~~TD~~
NAME ~~DAVIES, SANDRA~~
STREET ADDRESS ~~%1515 UNIVERSITY DR, SUITE 218~~
CITY-ST-ZIP ~~CORAL SPRINGS FL 33071~~

TITLE ~~SD~~
NAME ~~BURBATT, SANDRA~~
STREET ADDRESS ~~%1515 UNIVERSITY DR, SUITE 218~~
CITY-ST-ZIP ~~CORAL SPRINGS FL 33071~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

SECRETARY

DORY GUTIERREZ

%1515 UNIVERSITY DRIVE SUITE 218
CORAL SPRINGS, FLORIDA 33071

TREASURER

DORY GUTIERREZ

%1515 UNIVERSITY DRIVE SUITE 218
CORAL SPRINGS, FLORIDA 33071

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)