

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 16 1998 8:00am
Secretary of State

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

Michael Siciliano
865 S Congress Ave WPB

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1995

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

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 Michael Siciliano
82 Street Address (P.O. Box Number is Not Acceptable) 865 South Congress Ave
83
84 City West Palm Beach FL 85 Zip Code 33406

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 true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	SICILIANO, MICHAEL	%1515 UNIVERSITY DR, SUITE 218	CORAL SPRINGS FL 33071	<input type="checkbox"/>
VD	KEATHLEY, TIMOTHY	%1515 UNIVERSITY DR, SUITE 218	CORAL SPRINGS FL 33071	<input type="checkbox"/>
ST	GUTIERREZ, DORY	O/O 1515 UNIVERSITY DRIVE, SUITE 218	CORAL SPRING FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PD	Siciliano, Michael	865 So. Congress Ave West Palm Bch, FL	33406	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	Keathley, Timothy	865 So. Congress Ave	West Palm Bch, FL 33406	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ST	Gutierrez, Dory	865 So. Congress Ave	West Palm Beach, FL 33406	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE

Michael Siciliano - President 7/3/98 561-6410-4210

CL 334 (5/98)