

FILE NOW: FILING FEE IS \$61.25

FILED
Aug 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State, DIVISION OF CORPORATIONS
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DOCUMENT # 714230
1. Corporation Name

DR. VINCI ITALIAN-AMERICAN SOCIETY

Principal Place of Business Mailing Address
P.O. Box 541101
MERRITT ISLAND
FL 32954

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 3a. Date of Last Report 4. FEI Number 59-2478801 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees Yes No
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9. Name and Address of Current Registered Agent Alfred L. Curto 475 Belair Ave. Merritt Island Fl. 32953	10. Name and Address of New Registered Agent B1 Name ALFRED L. CURTO B2 Street Address (P.O. Box Number is Not Acceptable) 475 Belair Ave. B3 City Merritt Island, Fl. 32953 B4 Zip Code FL
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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: Alfred L. Curto DATE: 3 MAY 97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP PRES. ALFRED CURTO 475 BELAIR AVE. MERRITT ISLAND FL 32953	1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT ALFRED CURTO 475 Belair Ave., Merritt Island FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP V. PRES. GEORGE ROTHWELL 978 PELICAN LANE ROCKLEDGE FL 32955	2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP JONAH BUTT 1032 SHAYTON AVE ROCKLEDGE FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP ANN KATRA 475 BRUNSWICK WATER DR MERRITT ISLAND FL 32952	3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP ANN HOPP 117 JUNE DR. COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP TREAS. CHARLES HOPP 117 JUNE DR COCOA BEACH FL 32931	4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP CARMELA TALLIER 2345 PALM LAKE DR MERRITT ISLAND 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 100002281231--6 -08/29/97--01082--003 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

SIGNATURE: Alfred L. Curto 7 JULY 97 (407)453-2637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deputee Phone #

CR2E037 (9/96)