

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90004 007 ****61.25

DOCUMENT # 717303

1. Corporation Name

NAPLES ITALIAN-AMERICAN CLUB, INC.

Principal Place of Business

7035 AIRPORT RD. N.
NAPLES FL 34109
US

Mailing Address

~~7035 AIRPORT RD. N.~~
~~NAPLES FL 33942~~
P.O. BOX 770801
NAPLES FL 34107-0801



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 P.O. BOX 770801

27 Suite, Apt. #, etc.

28 NAPLES, FL

29 Zip Country

30 34107-0801 30 CALIF

3. Date Incorporated or Qualified

10/03/1969

4. FEI Number

59-1450004

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

9. Name and Address of Current Registered Agent

TOMMARCHI, VICTOR
7035 AIRPORT RD N
NAPLES FL 34109

10. Name and Address of New Registered Agent

81 Name MORANO, RENALD P.

82 Street Address (P.O. Box Number is Not Acceptable)
13100 HAMILTON HARBOUR DR.

83 UNIT G-1

84 City NAPLES

FL

85 Zip Code 34110

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

RENALD P. MORANO - TREAS. Renald P. Morano 7/10/99

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE MORANO, RENALD P.
NAME 13100 HAMILTON HARBOUR DR. G-1
STREET ADDRESS NAPLES FL 34110
CITY-ST-ZIP

TITLE VPD
NAME VITALE, CHUCK
STREET ADDRESS 10442 VANDERBILT DR.
CITY-ST-ZIP NAPLES FL

TITLE D
NAME TOMMARCHI, ROSE
STREET ADDRESS 3225 REGATTA RD.
CITY-ST-ZIP NAPLES FL

TITLE PD
NAME JENSEN, PHYLLIS
STREET ADDRESS 407 SEAGULL AVE.
CITY-ST-ZIP NAPLES FL

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 MORANO
1.2 NAME MORANO
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

3.1 TITLE VICE PRESIDENT
3.2 NAME JOE DELFINO
3.3 STREET ADDRESS 317 LAMBERTON LANE
3.4 CITY-ST-ZIP NAPLES FL 34104

4.1 TITLE PRESIDENT
4.2 NAME EDITH COLEMAN
4.3 STREET ADDRESS 178 EUGENIA DRIVE
4.4 CITY-ST-ZIP NAPLES FL 34108

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

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:

RENALD P. MORANO (RENALD P. Morano) 7/11/99 941-594-8480

Signature typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (5/99)