

FILE NOW: FILING FEE IS \$61.25

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Mar 07 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 # **731449** (5)
1. Corporation Name
**THE ITALIAN-AMERICAN SOCIAL CLUB OF BEVERLY HILL
S, INC.**



Principal Place of Business MINICHELLO, JOSEPH 712 W PEARSON ST HERNANDO FL 34465 US	Mailing Address MINICHELLO, JOSEPH 712 W PEARSON ST HERNANDO FL 34442-4879 US
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3. Date Incorporated or Qualified 12/23/1974	3a. Date of Last Report 03/25/1996
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2. Principal Place of Business 21 GLORIA D'ANNUNZIO Suite, Apt. #, etc. 22 105 S. MONROE ST City & State 23 BEVERLY HILLS, FL Zip 24 34465	2a. Mailing Address 26 GLORIA D'ANNUNZIO Suite, Apt. #, etc. 27 105 S. MONROE ST City & State 28 BEVERLY HILLS, FL Zip 29 34465
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4. FEI Number 59-2887719	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent GERACI, ANGELO S. 316 S TYLER ST BEVERLY HILLS FL 34465	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
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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 *Angelo S. Geraci* **MARCH 4, 1997**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MINICHELLO, JOSEPH		1.2 NAME GLORIA D'ANNUNZIO	
STREET ADDRESS 712 W PEARSON ST		1.3 STREET ADDRESS 105 S. MONROE ST,	
CITY-ST-ZIP HERNANDO FL		1.4 CITY-ST-ZIP BEVERLY HILLS, FL 34465	
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE V.P.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME D'ANNUNZIO, GLORIA		2.2 NAME ANTHONY RANNAZZI	
STREET ADDRESS 105 S MONROE ST		2.3 STREET ADDRESS 208 S. JEFFERY ST,	
CITY-ST-ZIP BEVERLY HILLS FL		2.4 CITY-ST-ZIP BEVERLY HILLS, FL 34465	
TITLE S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GACIOPPO, GRACE		3.2 NAME AURORA ZITO	
STREET ADDRESS 209 S TYLER ST		3.3 STREET ADDRESS 52 BEVERLY BLVD.	
CITY-ST-ZIP BEVERLY HILLS FL		3.4 CITY-ST-ZIP BEVERLY HILLS, FL 34465	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GERACI, ANGELO S.		4.2 NAME	
STREET ADDRESS 316 S TYLER ST		4.3 STREET ADDRESS	
CITY-ST-ZIP BEVERLY HILLS FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GIANSAITI, ALFRED		5.2 NAME	
STREET ADDRESS 229 S DAVIS ST		5.3 STREET ADDRESS	
CITY-ST-ZIP BEVERLY HILLS FL		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PAOLILLO, BEN		6.2 NAME	
STREET ADDRESS 502 S GARBOUR ST		6.3 STREET ADDRESS	
CITY-ST-ZIP BEVERLY HILLS FL		6.4 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 as an attachment with an address.

SIGNATURE: *Angelo S. Geraci* **ANGELO S. GERACI** **MARCH 4, 1997** **352-746-7522**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0085160

CR2E037 (9/96)