

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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**95 APR -7 AM 11:16**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # 735883 (1)**  
1. Corporation Name  
**ITALIAN CLUB CEMETERY, INC.**

Principal Place of Business Mailing Address  
1731 E 7TH AVE 1731 E 7TH AVE  
P.O. BOX 5054 P.O. BOX 5054  
TAMPA FL 33605 TAMPA FL 33605

2. Principal Place of Business 2a. Mailing Address  
21 **SAME** 2a **SAME**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country  
24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/21/1976** 3a. Date of Last Report **05/13/1994**

4. FEI Number **59-1724730** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**PARDO, VINCE J.  
3212 HAWTHORNE RD.  
TAMPA FL 33611**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when substituting) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b>	1.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRANELL, JAMIE</b>	1.2 NAME	<b>Don Cammarata</b>
STREET ADDRESS	<b>13325 CAIN RD</b>	1.3 STREET ADDRESS	<b>3414 14th St.</b>
CITY - ST - ZIP	<b>TAMPA, FL 00000</b>	1.4 CITY - ST - ZIP	<b>Tampa, FL 33605</b>
TITLE	<b>DS</b>	2.1 TITLE	<b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIECIDUE, DENNIS</b>	2.2 NAME	<b>Don Sigel</b>
STREET ADDRESS	<b>5836 MARINER DRIVE</b>	2.3 STREET ADDRESS	<b>6810 Williams Rd.</b>
CITY - ST - ZIP	<b>TAMPA, FL 00000</b>	2.4 CITY - ST - ZIP	<b>Seffner, FL 33584</b>
TITLE	<b>DT</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PIAZZA, ANGELO</b>	3.2 NAME	
STREET ADDRESS	<b>2724 SPRUCE ST.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA FL 33607</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b>	4.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PELLEGRINO, ANGIE</b>	4.2 NAME	<b>Nino Castellano</b>
STREET ADDRESS	<b>7403 CELESTE LANE</b>	4.3 STREET ADDRESS	<b>14109 Knottingsley Place</b>
CITY - ST - ZIP	<b>TAMPA FL</b>	4.4 CITY - ST - ZIP	<b>Tampa, FL 33624</b>
TITLE	<b>D</b>	5.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIGEL, DON</b>	5.2 NAME	<b>Walter Romeo</b>
STREET ADDRESS	<b>315 W. EMMA STREET</b>	5.3 STREET ADDRESS	<b>2901 W. Henry Ave.</b>
CITY - ST - ZIP	<b>TAMPA FL</b>	5.4 CITY - ST - ZIP	<b>Tampa, FL 33614</b>
TITLE	<b>DV</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELLUCCIA, ALFONSO</b>	6.2 NAME	
STREET ADDRESS	<b>18547 BRIGADOON DR</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA FL</b>	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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 registered agent authorized 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 in an attachment with an address.

SIGNATURE: *Don Cammarata* **3/10/95** **(813)248-3316**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (System Users)