SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT **1996**	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	**FILED** **Jul 18, 1996 08:00 AM** **Secretary of State**

DOCUMENT # 735883 (1)
1. Corporation Name

ITALIAN CLUB CEMETERY, INC.

Principal Place of Business	Mailing Address
1701 E. 7th Avenue P. O. Box 5054 Tampa, Florida 33605	1701 E. 7th Avenue P. O. Box 5054 Tampa, Florida 33605

3. Date Incorporated or Qualified 05/21/1976	3a. Date of Last Report 04/07/1995

| 4. FEI Number 59-1724730 | Applied For |
| | Not Applicable |

2. Principal Place of Business		2a. Mailing Address	
21		**26**	
Suite, Apt. #, etc		Suite, Apt #, etc.	
22		**27**	
City & State		City & State	
23		**28**	
Zip	Country	Zip	Country
24	**25**	**29**	**30**

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Pardo, Vince J. 3212 Hawthorne Road Tampa, Florida 33611	**81** Name **82** Street Address (P.O. Box Number is Not Acceptable) **83** 400001898794 -07/19/96--01005--021 **84** City ***61.25 FL **85** Zip Code

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 _____
Signature typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		**13.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **P** Cammarata, Don NAME 3414 14th Street STREET ADDRESS Tampa, Florida 33605 CITY-ST-ZIP	☐ DELETE	1.1 TITLE **D** 1.2 NAME Cammarata, Don 1.3 STREET ADDRESS 3414 14th Street 1.4 CITY-ST-ZIP Tampa, Florida 33605	☒ Change ☐ Addition
TITLE **S** Sigel, Don NAME 6810 Williams Road STREET ADDRESS Seffner, Fla. CITY-ST-ZIP	☒ DELETE	2.1 TITLE **P** 2.2 NAME Joseph P. Caltagirone 2.3 STREET ADDRESS 18902 Apian Way 2.4 CITY-ST-ZIP Lutz, Florida 33542	☐ Change ☒ Addition
TITLE **DT** Piazza, Angelo NAME 2724 Spruce Street STREET ADDRESS Tampa, Florida 33607 CITY-ST-ZIP	☒ DELETE	3.1 TITLE **VP** 3.2 NAME Grace S. Campisi 3.3 STREET ADDRESS 3301 Corona Street 3.4 CITY-ST-ZIP Tampa, Florida 33629-8031	☐ Change ☒ Addition
TITLE **D** Castellano, Nino NAME 14109 Knottingsley Place STREET ADDRESS Tampa, Florida CITY-ST-ZIP	☒ DELETE	4.1 TITLE **S** 4.2 NAME Dora Caltagirone 4.3 STREET ADDRESS 18902 Apian Way 4.4 CITY-ST-ZIP Lutz, Florida 33542	☐ Change ☒ Addition
TITLE **D** Romeo, Walter NAME 2901 W. Henry Avenue STREET ADDRESS Tampa, Florida CITY-ST-ZIP	☐ DELETE	5.1 TITLE **T** 5.2 NAME Joe Sedita 5.3 STREET ADDRESS 6625 Baybrooks Circle 5.4 CITY-ST-ZIP Tampa, Florida 33617	☐ Change ☒ Addition
TITLE **DV** Belluccia, Alfonso NAME 16547 Brigadoon Dr. STREET ADDRESS Tampa, Florida CITY-ST-ZIP	☒ DELETE	6.1 TITLE **D** 6.2 NAME Antoinette Caporice 8306 LaSerena Dr. 6.3 STREET ADDRESS Tampa, Florida 33614 6.4 CITY-ST-ZIP	☐ Change ☒ Addition

CR2E037 (3/96)

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 119.07(3)(k), 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: _Grace S. Campisi_   7-15-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

Grace S. Campisi   Vice Pres