

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 735883 (1)**

1. Corporation Name  
**ITALIAN CLUB CEMETERY, INC.**



Principal Place of Business <b>1731 E 7TH AVE P.O. BOX 5054 TAMPA FL 33605</b>	Mailing Address <del>1731 E 7TH AVE P.O. BOX 5054 TAMPA FL 33605-3805</del>
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3. Date Incorporated or Qualified <b>05/21/1976</b>	3a. Date of Last Report <b>07/18/1996</b>
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21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address <b>3301 Corona St</b>	27. Suite, Apt. #, etc.	28. City & State <b>Tampa FL</b>	29. Zip <b>33629</b>	30. Country <b>USA</b>
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4. FEI Number <b>59-1724730</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	85. Zip Code
			<b>FL</b>	

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

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<del>GAMMARATA, DON</del>	
STREET ADDRESS	<del>3414 14TH ST.</del>	
CITY - ST - ZIP	<del>TAMPA FL 33605</del>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<del>GAMMARATA, DON</del>	
STREET ADDRESS	<del>3414 14TH ST.</del>	
CITY - ST - ZIP	<del>TAMPA FL 33605</del>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>SEDLITA, JOE</b>	
STREET ADDRESS	<b>6625 BAYBROOKS CIR.</b>	
CITY - ST - ZIP	<b>TAMPA FL 33617</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROMEO, WALTER</b>	
STREET ADDRESS	<b>2901 W. HENRY AVE.</b>	
CITY - ST - ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FRANCES CANNELLA</b>	
STREET ADDRESS	<b>1018 W. INDIANA AVE</b>	
CITY - ST - ZIP	<b>TAMPA, FLA 33603</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Grace S. Campisi</b>	
1.3 STREET ADDRESS	<b>3301 Corona St</b>	
1.4 CITY - ST - ZIP	<b>Tampa, FL 33629</b>	
2.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Giovanni Walker</b>	
2.3 STREET ADDRESS	<b>1508 S. CLAYKE AVE</b>	
2.4 CITY - ST - ZIP	<b>Tampa, FL 33629</b>	
3.1 TITLE	<b>D. NELSON VALENTI</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>6216 G. SLIGH AVE</b>	
3.3 STREET ADDRESS	<b>Tampa, FLA 33617</b>	
3.4 CITY - ST - ZIP		
4.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Antoinette Caprice</b>	
4.3 STREET ADDRESS	<b>8306 LaSera Drive</b>	
4.4 CITY - ST - ZIP	<b>Tampa, FL 33614</b>	
5.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Frances Cannella</b>	
5.3 STREET ADDRESS	<b>1018 W. Indiana Ave</b>	
5.4 CITY - ST - ZIP	<b>Tampa, FL 33603</b>	
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>PHILIP CATTARONE</b>	
6.3 STREET ADDRESS	<b>508 TERRACE HILL DR</b>	
6.4 CITY - ST - ZIP	<b>TAMPA, FLA 33617</b>	

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: *Grace S. Campisi* **REQUIRED** DATE: **3/18/97** DAYTIME PHONE: **813/238-5041**

CR2E037 (9/96)