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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 735883 *OK*

1. Corporation Name
 ITALIAN CLUB CEMETERY INC.

Principal Place of Business	Mailing Address
1731 E. 7th Avenue P. O. Box 5054 Tampa, Florida 33605	3301 Corona Street Tampa, Florida 33629-8031

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	05-21-76
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1724730
City & State	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip Country	Zip Country	
24 25	29 30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Pardo, Vince J. 3212 Hawthorne Rd. Tampa, Florida 33611		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 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 _____
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Campisi, Grace S.	12 NAME	
STREET ADDRESS	3301 Corona Street	13 STREET ADDRESS	
CITY-ST-ZIP	Tampa, Florida 33629-8031	14 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Walker, Giovanna	22 NAME	Vice President
STREET ADDRESS	1508 S. Clarke Ave.	23 STREET ADDRESS	Pardo, Vincent Jr.
CITY-ST-ZIP	Tampa, Florida 33609	24 CITY-ST-ZIP	5329 Causeway Blvd. Tampa, Florida 33619
TITLE	Treasurer <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sedita, Joe	32 NAME	
STREET ADDRESS	6625 Baybrooks Circle	33 STREET ADDRESS	
CITY-ST-ZIP	Tampa, Florida 33611	34 CITY-ST-ZIP	
TITLE	Secretary <input checked="" type="checkbox"/> DELETE	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Caporice, Antoinette	42 NAME	Secretary
STREET ADDRESS	8306 LaSerena Dr.	43 STREET ADDRESS	Cannella, Frances
CITY-ST-ZIP	Tampa, Florida	44 CITY-ST-ZIP	1018 W. Indiana Avenue Tampa, Florida 33603
TITLE	Director <input checked="" type="checkbox"/> DELETE	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cannella, Frances	52 NAME	Director
STREET ADDRESS	1018 W. Indiana Ave.	53 STREET ADDRESS	Perla, Arthur Jr.
CITY-ST-ZIP	Tampa, Florida 33603	54 CITY-ST-ZIP	4208 Riverview Ave. Tampa, Florida 33607
TITLE	Director <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Caltagirone, Philip	62 NAME	
STREET ADDRESS	508 Terrace Hill Drive	63 STREET ADDRESS	
CITY-ST-ZIP	Tampa, Florida 33617	64 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: Grace S. Campisi Grace S. Campisi, Pres. 2-22-99 A813/238-5010
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)