FILE NOW: FILING FEE IS \$61.25 NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Santery of State 1996 DIVISION OF CORPORATIONS DOCUMENT #
1. Corporation Name 738174 ITALIAN AMERICAN CIVIC CLUB OF COOPER CITY, INC. Principal Place of Business Mailing Address LOREN D CELIX ** LOREN D SELIX -11020 TAFT STREET HOZO TAFT STREET PEMBROKE-PINEO FL 93020 EMBROKE PINES FL 83026 3. Date Incorporated or Qualified 3a. Date of Last Report 02/22/1977 04/13/1995 2. Principal Place of Business 2a. Mailing Address 6-7 0+ 0+ 4. FEI Number Applied For 21 59-2764484 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Zip Country 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 1N61 Street Address (P.O. Box Number is -SELIX, LOREN D. --11020 TAFT STREET PEMBROKE PINES FL 33028 City Zip Code 33027 85 41. 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. Digagnorial distribution of redistance agent and the diagnical accordance. GRACE au 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND 13 TITLE DELETE 2 1 1 TITLE Change NAME RINGI, GRACE 12 NAME CR2E037 STREET ADDRESS 9401 MEADOWS CIRCLE 1.3 STREET ADDRESS 93**3**28 CITY-ST-ZIP MIRIMAR FL 1.4 CHTY-ST-ZIP TITLE DELETE 2171115 ■ Addition NAME CAMARASANA, VITO 2.2 NAME 8440 N W 16TH ST STREET ADDRESS 2.3 STREET ADDRESS 33314 PENBROKE PINES FL CITY-ST-ZIP 2 4 CITY - ŞT - ZIP TITLE DELETE 3 1 TITLE Change Addition PASQUA, JOSEPHINE NAME 32 NAME * 7520 BRANCH ST STREET ADDRESS 3.3 STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP 34. CITY-ST-ZIP TITLE DELETE 4 1 TITLE **80000186925@** -06/20/96--01031--010 ■ Addition NAME PASQUA, DOMINICK 4. 2 NAME STREET ADDRESS 7520 BRANCH ST 4.3 STREET ADDRESS ***61.25 CITY-ST-ZIP HOLLYWOOD FL 4 4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition PRESTI, FILOMENA 5.2 NAME STREET ADDRESS 650 SW 124TH TERRACE 212 5.3 STREET ADDRESS PEMBROKE PINES FL 22,004 CITY-ST-ZIP 54 CITY - ST - ZIP TITLE DELETE SD 61 TITLE NAME -CELIX LODEN D 62 NAME 411320 TAPIST STREET ADDRESS **6.3 STREET ADDRESS** -PEMBROKE PINES FL CITY-ST-ZIP 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 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:

23