

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 756853 (8)

1. Corporation Name
MARGATE ITALIAN-AMERICAN CIVIC ASSOCIATION INC.



Principal Place of Business	Mailing Address
% M. PLACIDO 6009 NW 10TH ST MARGATE FL 33063 US	% M. PLACIDO 1195 NW 74 AVE MARGATE FL 33063 US

3. Date Incorporated or Qualified 03/19/1981	3a. Date of Last Report 02/28/1995
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2347405	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
21	26			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
22	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
23	28			
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
24	25	29	30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PLACIDO, MARY
1195 NW 74 AVE
MARGATE FL 33063**

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD AMENDOLA, THOMAS 6832 NW 3RD ST MARGATE FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VP KAPLAN, CONNIE 430 E. LAKEWOOD CIRCLE MARGATE FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<i>1ST V.P. GERALDINE MILAZZO</i>
STREET ADDRESS		2.3 STREET ADDRESS	<i>3881 CARAMBOLA CIRCLE</i>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<i>COCONUT CREEK FLA 33064</i>
TITLE	VP MILAZZO, GERALDINE 3881 CARAMBOLA CIRCLE COCONUT CREEK FL	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<i>2ND VP AVELE SCLAFINI</i>
STREET ADDRESS		3.3 STREET ADDRESS	<i>7887 GULF CIRCLE OR</i>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<i>MARGATE FLA 33063</i>
TITLE	SD CUPPARI, ANN 2651 NW 61 AVE MARGATE FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	T PLACIDO, MARY 1195 NW 74 AVE MARGATE FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D MISITI, ANTHONY 5510 LAKESIDE DR MARGATE FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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: *Mary Placido* MARY PLACIDO 1-15-96 (305) 979 1694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)