FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 4:23

DOCUMENT # 768222 (2)

1. Corporation Name
SONS OF ITALY, MIKE ACCARDI LODGE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 5754 DELTONA FL 32725	P.O. BOX 5754 DELTONA FL 32725

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/02/1983
3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-2897941 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

MAGGIO, MARGARET
958 WILMINGTON DR.
DELTONA FL 32725

10. Name and Address of New Registered Agent

81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Margaret Maggio
Signature, type or print 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	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	CIAPETTI, DENNING	1.2 NAME		
STREET ADDRESS	522 S. ANAPOLIS DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL 32725	1.4 CITY-ST-ZIP		
TITLE	SD	2.1 TITLE		☐ Change ☐ Addition
NAME	LO SAPIO, MARIE	2.2 NAME		
STREET ADDRESS	825 FRUITLAND ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL 32725	2.4 CITY-ST-ZIP		
TITLE	ST	3.1 TITLE		☒ Change ☐ Addition
NAME	GARCIA, ROBERTO L	3.2 NAME	Quinto Carraturo	
STREET ADDRESS	435 KINGWAY DR.	3.3 STREET ADDRESS	2287 Belen Drive	
CITY-ST-ZIP	DELTONA FL 32725	3.4 CITY-ST-ZIP	Deltona, Fl.,32725	
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	BOZZI, MICHAEL	4.2 NAME		
STREET ADDRESS	1547 S. HILL AVE.	4.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL 32724	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE		☐ Change ☐ Addition
NAME	MAGGIO, MARGARET	5.2 NAME		
STREET ADDRESS	958 WILMINGTON DR.	5.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL 32725	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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: Denning F. Ciapetti, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 407-574-1122
Daytime Phone #

0031444