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Feb 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J30282 (4)

1. Corporation Name
INTERMEZZO LEISURE ENTERPRISES, INC.



Principal Place of Business Mailing Address
% ANTHONY J. CATALANO % ANTHONY J. CATALANO
4001 TAMiami TRAIL NORTH, SUITE 404 4001 TAMiami TRAIL NORTH, SUITE 404
NAPLES FL 33940-5702 NAPLES FL 34103-3555

3. Date Incorporated or Qualified 08/26/1986 3a. Date of Last Report 04/16/1996

| | | | |
|--------------------------------|------------------------|--|---|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 59-2731520 | Not Applicable |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 Zip | 28 Zip | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 24 Country | 29 Country | 30 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |

9. Name and Address of Current Registered Agent

CATALANO, ANTHONY J.
4001 TAMiami TRAIL NORTH SUITE 404
NAPLES FL 33940-5702

10. Name and Address of New Registered Agent

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

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | DPT CATALANO, CLAIRE A. <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CATALANO, CLAIRE A. | 1.2 NAME | |
| STREET ADDRESS | 4001 TAMiami TRAIL NORTH | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | 1.4 CITY-ST-ZIP | |
| TITLE | DVS CATALANO, ANTHONY J. <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CATALANO, ANTHONY J. | 2.2 NAME | |
| STREET ADDRESS | 4001 TAMiami TRAIL NORTH | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | 2.4 CITY-ST-ZIP | |
| TITLE | VP ANTHONY J CATALANO, III <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANTHONY J CATALANO, III | 3.2 NAME | |
| STREET ADDRESS | 4001 TAMiami TRAIL NORTH | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | 3.4 CITY-ST-ZIP | |
| TITLE | VP CATALANO, CLAIRELLEN R. <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CATALANO, CLAIRELLEN R. | 4.2 NAME | |
| STREET ADDRESS | 4001 TAMiami TRAIL NORTH | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)