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May 07 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L68768** (5)

1. Corporation Name  
**SITAC.APITANUCCI, INC.**

Principal Place of Business

Mailing Address

**SITAC APITANUCCI**  
**8310 SUN DRIVE**  
**ORLANDO FL 32809**  
**US**

**SITAC APITANUCCI**  
**PO BOX 880504**  
**ORLANDO FL 32859-0504**  
**US**

3. Date Incorporated or Qualified **04/27/1990** 3a. Date of Last Report **05/01/1996**

4. FEI Number **59-3012394** 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**

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAPITANUCCI, FRANCESCO**  
**8310 SUN DRIVE**  
**ORLANDO FL 32809**

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 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

Signature, typed or printed 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 ☐ DELETE  
 NAME **PTD**  
**CAPITANUCCI, FRANCESCO**  
 STREET ADDRESS **8310 SUN DRIVE**  
 CITY- ST- ZIP **ORLANDO FL 32809**

1.1 TITLE ☐ Change ☐ Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY- ST- ZIP

TITLE ☐ DELETE  
 NAME **SD**  
**CAPITANUCCI, LOREDANA**  
 STREET ADDRESS **12 VIA GALEZZO ALLESSI**  
 CITY- ST- ZIP **ALLESSI 06081 ITALY**

2.1 TITLE ☐ Change ☐ Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY- ST- ZIP

TITLE ☐ DELETE  
 NAME **D**  
**VERDUCCI, MARIA**  
 STREET ADDRESS **12 VIA GALEZZO ALLESSI**  
 CITY- ST- ZIP **ALLESSI 06081 ITALY**

3.1 TITLE ☐ Change ☐ Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY- ST- ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY- ST- ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY- ST- ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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, changed, or on an attachment with an address.

SIGNATURE:

*Francesco Capitanucci*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/97**

Date

**402 876 3181**

Daytime Phone #

0008307

CR2E034 (9/96)