

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # M70564 (3)

1. Corporation Name
ITALY TO GO, INC.



Principal Place of Business

1500 MALABAR RD.
SUITE 117
PALM BAY FL 32909

Mailing Address

1500 MALABAR RD.
SUITE 117
PALM BAY FL 32909

2. Principal Place of Business

21 1150 MALABAR RD

Suite, Apt. #, etc.

22 117

City & State

23 PALM BAY FLA

Zip

24 32909

Country

25 USA

2a. Mailing Address

26 1150 MALABAR RD

Suite, Apt. #, etc.

27 117

City & State

28 PALM BAY FLA

Zip

29 32909

Country

30 USA

3. Date Incorporated or Qualified
03/03/1988

3a. Date of Last Report
04/20/1995

4. FET Number

59-2875321

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

9. Name and Address of Current Registered Agent

GENNA, DANNY
1500 MALABAR RD.
PALM BAY FL 32909

10. Name and Address of New Registered Agent

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE S
NAME GENNA, KATER
STREET ADDRESS 501 POINSETTA RD.
CITY-ST-ZIP MELBOURNE BEACH FL
☒ DELETE

TITLE P
NAME GENNA, DARNY
STREET ADDRESS 880 EMERSON DR.
CITY-ST-ZIP PALM BAY FL
☐ DELETE

TITLE T
NAME GENNA, LILLY
STREET ADDRESS 880 EMERSON DR.
CITY-ST-ZIP PALM BAY FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 723-2194
Date Daytime Phone #

CR2E034 (12/95)