

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 23 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N24817** (1)

1. Corporation Name
**ITALIAN SONS AND DAUGHTERS OF THE PALM BEACHES,
LODGE NO. 273, INC.**

Principal Place of Business %JOHN P. MARINELLI 2161 PALM BEACH LAKES BLVD. STE 204 WEST PALM BEACH FL 33409	Mailing Address %JOHN P. MARINELLI 2161 PALM BEACH LAKES BLVD. STE 204 WEST PALM BEACH FL 33409
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/12/1988	3a. Date of Last Report 03/29/1994
4. FEI Number 65-0104239	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 1615 Forum Pl Suite, Apt. #, etc. 22 STE 4-B City & State 23 West Palm Beach FL Zip 24 33401 Country 25	2a. Mailing Address 26 1615 Forum Place Suite, Apt. #, etc. 27 STE 4-B City & State 28 West Palm Beach FL Zip 29 33401 Country 30
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MARINELLI, JOHN P.
2161 PALM BEACH LKES BLVD. STE 204
WEST PALM BEACH FL 33409**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	1615 Forum Place, STE 4-B
83	
84 City	WEST PALM BEACH
85 State	FL
86 Zip Code	33401

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when translating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GELO, JOSEPH
STREET ADDRESS	1003 N. L ET
CITY-ST-ZIP	LAKE WORTH FL
TITLE	VD
NAME	FASANO, GEORGE
STREET ADDRESS	4483 BROOK DR.
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	T
NAME	CORAZZINE, JEAN
STREET ADDRESS	225 BONNIE DR #214
CITY-ST-ZIP	PALM SPRINGS FL
TITLE	D
NAME	UGLIETTO, WILLIAM
STREET ADDRESS	4048 88 CT. S. PARRY VII
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	D
NAME	TACCARIELLO, MARIO
STREET ADDRESS	5253 RAYMOND DR. N
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	D
NAME	MARTINO, PAUL
STREET ADDRESS	08 EAST HAMPTON, BLDG. C
CITY-ST-ZIP	WEST PALM BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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, unchanged, or on an amendment with an address.

SIGNATURE Joseph Belo **JOSEPH BELO PRESIDENT - 533 9470**
Signature and typed or printed name of signing officer or director Date Daytime / Home #