ND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
97 FEB 19 PM 3:17
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	Mailing Address
~~1615 FORUM PL~~ ~~4-B~~ ~~WEST PALM BEACH FL 33401~~ ~~US~~	~~1615 FORUM PLACE~~ ~~4-B~~ ~~WEST PALM BEACH FL 33401~~ ~~US~~

3. Date Incorporated or Qualified: 02/12/1988
3a. Date of Last Report: 03/23/1995

2. Principal Place of Business
21: I.S.D.A
22 Suite, Apt. #, etc.: 1974 Bonnie Rd
23 City & State: W. P. B. FL.
24 Zip:
25 Country: PB. County

2a. Mailing Address
26: P.O Box 220882
27 Suite, Apt. #, etc.:
28 City & State: W. P. B. Fl.
29 Zip: 33417
30 Country: P. Beach

4. FEI Number: 65-0104239 ☐ 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

MARINELLI, JOHN P.
1615 FORUM PLACE, STE 4-B
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 1615 Forum Place, STE 3-B
83:
84 City: WEST PALM BEACH FL 85 Zip Code: 33401

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Paul S. Martino 2-8-97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GELO, JOSEPH 1003 N. L ET LAKE WORTH FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	(President) George Fasano 4483 Brook Dr W.P.B. Fl. 33417	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FASANO, GEORGE 4483 BROOK DR. W. PALM BEACH FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	(V.P.) Paul Martino 66 East Hampton Bldg C. W.P.B Fl 33417	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CORAZZINE, JEAN 225 BONNIE DR #214 PALM SPRINGS FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	(T) Jean Corazzine 225 Bonnie Dr # 214 Palm Springs Fl. 3000020931934	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D UGLIETTO, WILLIAM 4048 88 CT. S. PARRY VIL BOYNTON BEACH FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	(D) Uglietto 02/20/97 0005 002 Addition 4048 88 Ct S Parry ****336.25 ****286.25 Boynton Beach Fl 3000020931934	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TACCARIELLO, MARIO 5253 RAYMOND DR. N BOYNTON BEACH FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	(D) Mario Taccariello 02/20/97 0005 003 Addition 5253 Raymond Dr. N. ****61.25 Boynton Beach Fl.	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTINO, PAUL 66 EAST HAMPTON, BLDG. C WEST PALM BCH. FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	(D) Josephine Fasano 4483 Brook Dr West Palm Beach Fl 33417	☒ Change ☐ Addition

CR2E037 (3/96)

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: X SIGNATURE REQUIRED Paul S. Martino 12-20-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PAUL S. MARTINO 0009734