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May 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N49327** (2)  
1. Corporation Name  
**ITALIAN CULTURAL SOCIETY, INC.**

Principal Place of Business  
**237 LOOKOUT PLACE  
STE 100  
MAITLAND FL 32751  
US**

Mailing Address  
**PO BOX 533609  
ORLANDO FL 32853-3609  
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/11/1992</b>	3a. Date of Last Report <b>04/24/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3127841</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ICARDI, ALDO 237 LOOKOUT PLACE STE 100 MAITLAND FL 32751</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
	STREET ADDRESS		1.3 STREET ADDRESS
	CITY - ST - ZIP		1.4 CITY - ST - ZIP
TITLE	NAME	2.1 TITLE	2.2 NAME
	STREET ADDRESS		2.3 STREET ADDRESS
	CITY - ST - ZIP		2.4 CITY - ST - ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
	STREET ADDRESS		3.3 STREET ADDRESS
	CITY - ST - ZIP		3.4 CITY - ST - ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
	STREET ADDRESS		4.3 STREET ADDRESS
	CITY - ST - ZIP		4.4 CITY - ST - ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
	STREET ADDRESS		5.3 STREET ADDRESS
	CITY - ST - ZIP		5.4 CITY - ST - ZIP
TITLE	NAME	6.1 TITLE	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Vincent Amico* DATE: *4/14/97*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0017943

CR2E037 (9/96)