

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000004319 (0)

1. Corporation Name

SOCIETA D'ITALIA, INC.



Principal Place of Business

P.O. BOX 15204
SARASOTA FL 34230-5204

Mailing Address

P.O. BOX 15204
SARASOTA FL 34230-5204

3. Date Incorporated or Qualified
09/24/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0462193

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☒ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASELLA, ROBERT M
2424 MANATEE AVENUE WEST
SUITE 100
BRADENTON FL 34205

81 Name

DANIEL A. COSITORE

82 Street Address (P.O. Box Number is Not Acceptable)

4294 HEARTHSTONE DR

83 City

SARASOTA FL

84 City

FL

85 Zip Code

34238

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
COSITORE, DANIEL A.
STREET ADDRESS
4294 HEARTHSTONE DR.
CITY-ST-ZIP
SARASOTA FL

TITLE ☐ DELETE

NAME
SACINO, GARY
STREET ADDRESS
5815 BEAURIVAGE AVE
CITY-ST-ZIP
SARASOTA FL

TITLE ☒ DELETE

NAME
GARGANO, DENISE
STREET ADDRESS
1221 POMPANO AVE.
CITY-ST-ZIP
SARASOTA FL

TITLE ☐ DELETE

NAME
LEWIS, WILLIAM
STREET ADDRESS
4005 CROCKERS LAKE BLVD
CITY-ST-ZIP
SARASOTA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL A. Cositore

Date

4/17/96

Daytime Phone #

(941) 966-7868

CR2E037 (12/95)