


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90031 017 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N93000004319**

1. Corporation Name

**SOCIETA D'ITALIA, INC.**

Principal Place of Business

TWIN LAKES PARK  
 6700 CLARK ROAD  
 SARASOTA FL 34232  
 US

Mailing Address

SOCIETA D'ITALIA C/O FRANK TARANTO  
 3308 SAINWOOD DR.  
 SARASOTA FL 34232  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 American Legion Hall		26		09/24/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 5201 Richardson Rd		27		65-0462193	
City & State		City & State		Applied For	
23 Sarasota FL		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	
24 34232		29		8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 US		30		Trust Fund Contribution <input type="checkbox"/>	
				5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

COSITORE, DANIEL A - President  
 4294 HEARTHSTONE DR  
 SUITE 100  
 SARASOTA FL 34238

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARANTO, FRANK	1.2 NAME	
STREET ADDRESS	3308 SPAINWOOD DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENIRO, ANTHONY	2.2 NAME	
STREET ADDRESS	1861 MACKINTOSH BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAKOMIS FL 34275	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVOY, ARTHUR	3.2 NAME	Orator
STREET ADDRESS	5774 CARRIAGE DR	3.3 STREET ADDRESS	Nick Cafaro
CITY-ST-ZIP	SARASOTA FL 34243	3.4 CITY-ST-ZIP	4310 MARCON Circle
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME	COSITORE, CAROLE	4.2 NAME	
STREET ADDRESS	4294 HEARTHSTONE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34238	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARANTO, RITA	5.2 NAME	
STREET ADDRESS	3308 SPAINWOOD DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 33232	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALESTRIERI, YOLANDA	6.2 NAME	Trustee
STREET ADDRESS	122 DAVINCI DR	6.3 STREET ADDRESS	Marie Wells
CITY-ST-ZIP	NOKOMIS FL	6.4 CITY-ST-ZIP	7928 Meadow Rush Loop

14. I 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, with all other like empowered.

SIGNATURE:

*Frank Taranto*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/9/99

Daytime Phone #

941-371-0750

CR2E037 (11/98)