## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #

N94000003952 (8)

LA TRINACRIA DI FLORIDA, INC.

Principal Place of Business Mailing Address 2840 NW BOCA RATON BLVD. 2840 NW BOCA RATON BLVD. SUITE 201C SHITE 2010 BOCA RATON FL 33431-6633 BOCA RATON FL 33431 3. Date Incorporated or Qualified 08/11/1994 3a. Date of Last Report 05/01/1996 2. Principal Place of Business 21 7998 TEXA 2a. Mailing Address 4. FEI Number Applied For 26 7998 TEXAS TRAIL 65-0512426 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 & State City & State 6. Election Campaign Financing \$5.00 May Be ATON 23 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, USA X No Yes Yes Florida Statutes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ADAMS, ALVIN A Street Address (P.O. Box Number is Not Acceptable) 82 7998 TEXAS TRAIL 83 **BOCA RATON FL 33487** 84 City Zip Code 85 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, of 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, are accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when telnstaling) nted name of registered agont and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6) 12. 13. 1111.0 \_\_\_ DELETE 1.1 TITLE Change Addition ADAMS, ALVIN A 1.2 NAME NAMÉ 7998 TEXAS TRAIL 1.3 STREET ADDRESS STREE! ADDRESS **BOCA RATON FL 33487** CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Addition Change TITLE 2.1 TITLE VETTO, ROBERT NAME 2 2 NAME 461 MAYA PALM SO 23 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZiP 2 4 City-St-ZiP DELETE Change Addition 3.1 TITLE THLE CANNAVALE, STEVEN 3.2 NAME NAME 6261 SWEET MAPLE LN. STREET ADDRESS 3.3 STREET ADDRESS **BOCA RATON FL 33433** CITY - \$1 - ZIP 3.4. CITY-ST-ZIP DELETE Addition Change THLE 4.1 TITLE NAME D'STEFANO, ARTHUR 4. 2 NAME 5701 NW 2ND AVE. #201 4.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33487** CITY - ST- ZIP 4.4 CITY - S1 - ZIP DELETE Change Addition TITLE 5.1 TITLE COSENTINO, MARIA NAME 5.2 NAME 23357 LAGO DEIMAR CIRCLE 5.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP 5.4 DITY-ST-ZIP DELETE Change Addition 6.1 TITLE

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 of the receiver of

6.4 CITY-ST-ZIP

**6.3 STREET ADDRESS** 

62 NAME

SIGNATURE:

NAME

STREET ADDRESS

SAVINO, WILLIAM

18471 OLD PRINCETON LANE

**BOCA RATON FL 33498** 

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DI

FILED

Mar 27 1997 8:00am

Secretary of State