


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90247 017 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000002533**

1. Corporation Name

**SICILIAN-AMERICAN CULTURAL SOCIETY, INC.**

Principal Place of Business

7998 TEXAS TRAIL  
 BOCA RATON FL 33487

Mailing Address

7998 TEXAS TRAIL  
 BOCA RATON FL 33487



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	05/04/1998	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Country	GS 0830487	
24	Country	29	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25	Country	30	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**MARINELLI, JOHN P ESQ.**  
**1815 FORUM PLACE**  
**SUITE 500-B**  
**WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81	Name	ALVIN A. ADAMS	
82	Street Address (P.O. Box Number is Not Acceptable)	7998 TEXAS TRAIL	
83	City	BOCA RATON	
84	State	FL	85 Zip Code 33487

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 Alvin A. Adams 4/26/99  
 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, ALVIN A	1.2 NAME	
STREET ADDRESS	7998 TEXAS TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPINELLA, JOSEPH	2.2 NAME	
STREET ADDRESS	4430 NE 30TH TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DISTEFANO, ARTHUR	3.2 NAME	
STREET ADDRESS	5701 NW 2ND AVE #201	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, ROSALIE	4.2 NAME	
STREET ADDRESS	7998 TEXAS TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOFRIA, CAMILE	5.2 NAME	
STREET ADDRESS	2914 OLD BRIDGE TRAIL	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33428	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSENTINO, SALVATORE	6.2 NAME	
STREET ADDRESS	23357 LAGO DEL MAR CR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	6.4 CITY-ST-ZIP	

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:** Alvin A. Adams 4/26/99 561 998-9732  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)