

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000004138

1. Corporation Name

FLORIDA ITALIAN AMERICAN CAUCUS OF ELECTED OFFICIALS, INC.

Principal Place of Business

11088 N.W. 23RD CT.
SUNRISE FL 33322

Mailing Address

11088 N.W. 23RD CT.
SUNRISE FL 33322

FILED

99 DEC -9 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/15/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0857425	
Country		Country		Applied For	
25		29		Not Applicable	
24		30		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	

8. Name and Address of Current Registered Agent

GOREN, SAMUEL S ESQ.
3099 E. COMMERCIAL BLVD., STE.200
FT. LASUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADY, JACK	1.2 NAME	
STREET ADDRESS	6808 STARDUST	1.3 STREET ADDRESS	400003079194--7
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	1.4 CITY-ST-ZIP	-12/23/99--01041--015
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	*****61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRERI, SAMUEL J	2.2 NAME	
STREET ADDRESS	509 LANDINGS BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREENACRES FL 33413	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NATALE, MICHAEL	3.2 NAME	
STREET ADDRESS	8001 S.W. 7TH PL.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTIS, FRANK	4.2 NAME	
STREET ADDRESS	11621 N.W. 23RD. STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCUOTTO, JOSEPH A	5.2 NAME	
STREET ADDRESS	11088 N.W. 23RD CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33322	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRINCHITELLA, AMADEO	6.2 NAME	
STREET ADDRESS	155 RICHMOND F	6.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	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: MORE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #