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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000006914

1. Corporation Name

THE ITALIAN AMERICAN CLUB OF TAMARAC, INC.

Principal Place of Business
 6843 W. COMMERCIAL BLVD.
 TAMARAC FL 33319

Mailing Address
 6843 W. COMMERCIAL BLVD.
 TAMARAC FL 33319



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 7166 N. UNIVERSITY DR.		21 R. 7166 N. UNIVERSITY DR.		12/08/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEE Number	
22		27		Applied For	
City & State		City & State		Not Applicable	
23 TAMARAC, FL		23 TAMARAC, FL		5. Certificate of Status Desired	
Zip		Zip		Country	
24 33321		29 33321		30	
25		30		6. Election Campaign Financing	
				Trust Fund Contribution	
				7. \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FILINGS, INC.		81 Name	
3732 N.W. 18TH STREET		82 Street Address (P.O. Box Number is Not Acceptable)	
FT. LAUDERDALE FL 33311-4132		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	MELA, ANGELO	1.2 NAME	MELA, ANGELO
STREET ADDRESS	6843 W. COMMERCIAL BLVD.	1.3 STREET ADDRESS	7166 N. UNIVERSITY DR.
CITY-ST-ZIP	TAMARAC FL 33319	1.4 CITY-ST-ZIP	TAMARAC FL 33321
TITLE	D	2.1 TITLE	D
NAME	GAUDIO, JOSEPH	2.2 NAME	CIRMINELLO, WILLIAM
STREET ADDRESS	6843 W. COMMERCIAL BLVD.	2.3 STREET ADDRESS	7166 N. UNIVERSITY DR.
CITY-ST-ZIP	TAMARAC FL 33319	2.4 CITY-ST-ZIP	TAMARAC FL 33321
TITLE	D	3.1 TITLE	D
NAME	CIRMINELLO, WILLIAM	3.2 NAME	D-SANTAPRIA LOUIS
STREET ADDRESS	6843 W. COMMERCIAL BLVD.	3.3 STREET ADDRESS	7166 N. UNIVERSITY DR.
CITY-ST-ZIP	TAMARAC FL 33319	3.4 CITY-ST-ZIP	TAMARAC FL 33321
TITLE	Pres.	4.1 TITLE	
NAME	LOUIS SANTAPRIA	4.2 NAME	
STREET ADDRESS	5102 NW 53 ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33319	4.4 CITY-ST-ZIP	
TITLE	Pres.	5.1 TITLE	
NAME	LOUIS SANTAPRIA	5.2 NAME	
STREET ADDRESS	6843 W. COMMERCIAL BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33319	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: ✓

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99

Daytime Phone #

CR2E037-(1/1/98)