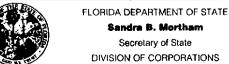
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FILED Feb 20 1998 8:00am Sandra B. Mortham Secretary of State Secretary of State

	1998	DIVISION OF C	CORPORA	TIONS	Secretary (JI State
DOCUMENT # GO3471 (1) ANNA'S RAVIOLI AND PASTA COMPANY					I INDIPAK NOTE NOTAN MILI NINI INDEFITAN NINI DINA DINA DINA DINA DI	ALI DIRLI BIRLI ALAH IARI
Principal Plac	e of Business	Mailing Address				
5625 4TH ST NO ST PETE FL 33709-2253 US		5625 4TH ST NO ST PETE FL 33703-2253	5625 4TH ST NO		. DO NOT WRITE IN THIS SE	°ACE
03		00			 Date Incorporated or Qualified 10/06/1982 	
2. Principal F	Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26			59-2228328	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid the curre	— .
24	25 25 Name and Address of Curr	29 rent Registered Agent	30		Personal Property Tax due June 30. 10. Name and Address of New Registered A	Yes No
VE	EGAN, LORI A	Total regional regions		31 Name	10.	,
	1 55TH AVE S.		-	32 Street A	Address (P.O. Box Number is Not Acceptable)	
ST PETE FL 33702			Ľ	3116617	addless (F.O. Box Norticel is Not Acceptable)	
•			ε	33		
			8	34 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abo office or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familia with, and accept the obligations of Section 607.0505, Florida Statu					corporation submits this statement for the purpose of corporation's heard of directors. I hereby accept the appointment of the purpose of the	hanging its registered
agent. I a	am familia with, and accept the ob	ligations of Section 607.0505, Flo	orida Statu	tes.		s
SIGNATURE	Signature, typod or printed name of registered	poors and title of any poble (NOT	E. Donielarad A	tannt sinneture	required when reinstating) DATE	<u> </u>
12.		AND DIRECTORS	13.	agent aignature	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PST	☐ DELETE	1.1 TITU	E		Change Addition
NAME	KEEGAN, LORI A		1.2 NAM	tE		
STREET ADDRESS	311 55TH AVE. S.		1.3 STR	EET ADDRESS		
CITY - ST - ZIP	ST PETE, FL 00000	DELETE		'-ST-ZIP		Change Addition
TITLE		L. DELETE	2.1 TITLI 2.2 NAM			T CHANGE THE MODITION
NAME STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		☐ DELETE	3.1 TITL			Change Addition
NAME			3.2 NAM	IE		
STREET ADDRESS			3.3 STRE	EET ADDRESS		
CITY-ST-ZIP		☐ DELE TE		/-ST-ZIP		Change Addition
TITLE			4.1 TITLI 4. 2 NAM		_	_ Change Addition
NAME STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAM	IE		
STREET ADDRESS			5.3 STRE	EET ADDRESS		
CITY-ST-ZIP	<u> </u>	DELETE		-ST-ZIP		Change Addition
TITLE		☐ DETEIR	6.1 TITLI 6.2 NAM		L	Towning The Propinging
NAME STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP			1	-ST-ZIP		
	certify that the information supplied	with this filing does not qualify for			d in Section 119.07(3)(i), Florida Statutes. I further certi	fy that the information

Thereby certify that the information supplied with this hinting does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an attachment with all address.

2/15/98

(813) 522-6627