

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G25128 (1)

1. Corporation Name
FRANCESCO ITALIANO RESTAURANT, INC.



Principal Place of Business
**4901 LAKE CECILE DR
KISSIMMEE FL 34746
US**

Mailing Address
**4901 LAKE CECILE DR
KISSIMMEE FL 34746
US**

3. Date Incorporated or Qualified **02/22/1983** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip Country
24. Zip Country
25. Zip Country
26. Mailing Address
27. Suite, Apt. #, etc.
28. City & State
29. Zip Country
30. Zip Country

4. FEI Number **59-2258608** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**D'AMICO, JOSEPHINE M.
4901 LAKE ECILE DR
KISSIMMEE FL 34746**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	D'AMICO, JOSEPH	
STREET ADDRESS	5035 WARRIOR LANE	
CITY-ST-ZIP	KISSIMMEE, FL 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	D'AMICO, JOSEPHINE	
STREET ADDRESS	4901 LAKE CECILE DR	
CITY-ST-ZIP	KISSIMMEE, FL 00000	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	INCATASCIATO, AGRIPPINO	
STREET ADDRESS	4921 LAKE CECILE DR	
CITY-ST-ZIP	WINCHESTER, MA 00000	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	INCATASCIATO, MARIA A	
STREET ADDRESS	4921 LAKE CECILE DR	
CITY-ST-ZIP	WINCHESTER, MA 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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*****200.00**

ASB
5-7-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Josephine D'Amico*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 28, 1996 (407) 396-6398
DATE DAY/TIME PHONE #

CR2E034 (12/95)