

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

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90029 012 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **G25128**

1. Corporation Name  
**FRANCESCO ITALIANO RESTAURANT, INC.**



DO NOT WRITE IN THIS SPACE

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**

4. FEI Number  
**59-2258608**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
**21 4920 W. IRLO BRONSON MEM HWY**

2a. Mailing Address  
**26**

Suite, Apt. #, etc.  
**22**

City & State  
**23 KISSIMMEE, FLORIDA**

Zip Country  
**24 34746 25 USA**

Suite, Apt. #, etc.  
**27**

City & State  
**28**

Zip Country  
**29 30**

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

Typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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 607, 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: **Josephine M. D'amico** *Josephine D'amico* 02/17/99 (407) 396-6398

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)