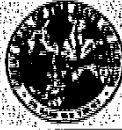


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H08622** (3)
1. Corporation Name
RENZO'S ITALIAN RESTAURANT, INC.

Principal Place of Business Mailing Address
% LORENZO SCIORTINO **% LORENZO SCIORTINO**
9219 CIRCLE S-LANE **9219 CIRCLE S-LANE**
BOCA RATON FL 33434 **BOCA RATON FL 33434**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/19/1984** 3a. Date of Last Report **02/23/1994**
4. FEI Number **59-2432266** 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

2. Principal Place of Business 2a. Mailing Address
21 **5999 N. Federal Highway** 25
Suite, Apt. #, etc. 27
22 Suite, Apt. #, etc.
23 **Boca Raton, Florida** 28
City & State
24 **33487** 25 **USA** 29 **33487** 30 **USA**
Zip Country Zip Country

9. Name and Address of Current Registered Agent
SCIORTINO, LORENZO
9219 CIRCLE S LANE
BOCA RATON FL 33434

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---------------------------|
| TITLE | PD |
| NAME | SCIORTINO, LORENZO |
| STREET ADDRESS | 9219 CIRCLE S-LANE |
| CITY-ST-ZIP | BOCA RATON FL |
| TITLE | VD |
| NAME | PIEDSCALZI, COSIMO |
| STREET ADDRESS | 9219 CIRCLE S LANE |
| CITY-ST-ZIP | BOCA RATON FL |
| TITLE | STD |
| NAME | LENA, LEONARDO |
| STREET ADDRESS | 50 PELICAN POINT |
| CITY-ST-ZIP | DELRAY BCH FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 50 Pelican Point, Apt. #105 |
| 2.4 CITY-ST-ZIP | Delray Beach, FL 33483 |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | 2575 S. Ocean Boulevard, Apt. #110 South |
| 3.4 CITY-ST-ZIP | Highland Beach, Florida 33487 |
| 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: _____ DATE: **4/20/95**
Signature, typed or printed name of signing officer or director