

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J27622 (6)

1. Corporation Name
VENICE PIZZERIA AND RESTAURANT, INC.



Principal Place of Business Mailing Address
**4901 LAKE CECILE DRIVE
KISSIMMEE FL 34746
US**

3. Date Incorporated or Qualified 08/04/1986	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2748637	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**D'AMICO, JOSEPHINE M.
4901 LAKE CECILE DRIVE
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'AMICO, JOSEPHINE	1.2 NAME
STREET ADDRESS	4901 LAKE CECILE DR	1.3 STREET ADDRESS
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INCATASCIATO, AGGRIPINO	2.2 NAME
STREET ADDRESS	4921 LAKE CECILE DR	2.3 STREET ADDRESS
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INCATASCIATO, MARIA	3.2 NAME
STREET ADDRESS	4921 LAKE CECILE DR	3.3 STREET ADDRESS
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'AMICO, JOSEPH	4.2 NAME
STREET ADDRESS	5035 WARRIOR LANE	4.3 STREET ADDRESS
CITY-ST-ZIP	KISSIMMEE FL	4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

100001810551
-05/07/96--01023--019
***200.00

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) 396-6388
Date Date/Time Phone #

CR2E034 (12/95)