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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -8 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L79429

1. Corporation Name

FRASCATI'S ITALIAN RESTAURANT & DELI, INC.
1258 Airport Road North
Naples, Florida 33963

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: June 8, 1990
3a. Date of Last Report: April 8, 1994

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

4. FEI Number: 65-0029843 ☐ 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

10. Name and Address of New Registered Agent

81 Name: David P. Whiting, Esquire
82 Street Address (P.O. Box Number is Not Acceptable): 350 5th Avenue South, Suite 200
83: Amato, Anderson, Nickel & Weber, P.A.
84 City: Naples, Florida **FL** 85 Zip Code: 33940

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: David P. Whiting Esquire — 2-18-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when instituting) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | President | 11 TITLE | ☐ Change ☐ Addition |
| NAME | Robert Graziano | 12 NAME | |
| STREET ADDRESS | 2146 Tamal Cir #102 | 13 STREET ADDRESS | |
| CITY-ST-ZIP | Naples, FL 33962 | 14 CITY-ST-ZIP | |
| TITLE | Vice-President | 21 TITLE | ☐ Change ☐ Addition |
| NAME | Richard Scalise | 22 NAME | |
| STREET ADDRESS | 841 Wimar Square #502 | 23 STREET ADDRESS | 800001426048 |
| CITY-ST-ZIP | Naples, FL 33942 | 24 CITY-ST-ZIP | -03/10/95--01035--020 ****200.00 ****200.00 |
| TITLE | Sec/Treas | 31 TITLE | ☐ Change ☐ Addition |
| NAME | Corinne Diebler | 32 NAME | |
| STREET ADDRESS | 1490 Monarch Circle | 33 STREET ADDRESS | |
| CITY-ST-ZIP | Naples, FL 33999 | 34 CITY-ST-ZIP | |
| TITLE | Director | 41 TITLE | ☐ Change ☐ Addition |
| NAME | Craries Cerniglia | 42 NAME | |
| STREET ADDRESS | 1085 Bald Eagle Dr. #602-B | 43 STREET ADDRESS | |
| CITY-ST-ZIP | Marco Island, FL | 44 CITY-ST-ZIP | |
| TITLE | Director | 51 TITLE | ☐ Change ☐ Addition |
| NAME | Catherine Cerniglia | 52 NAME | |
| STREET ADDRESS | 1085 Bald Eagle Dr. #602-B | 53 STREET ADDRESS | |
| CITY-ST-ZIP | Marco Island, FL | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | CH |

14. I/We 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)(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.

**SIGNATURE:** Robert Graziano — 2-15-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

813-643-5709