

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L79429 (1)

1. Corporation Name

FRASCATI'S ITALIAN RESTAURANT & DELI, INC.



Principal Place of Business

1258 AIRPORT RD. N.
NAPLES FL 33963

Mailing Address

1258 AIRPORT RD. N.
NAPLES FL 33963

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

WHITING, DAVID P ESQ.
350 5TH AVE. S.
SUITE 200
NAPLES FL 33940

3. Date Incorporated or Qualified
06/08/1990

3a. Date of Last Report
03/08/1995

4. FEI Number
65-0229843

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

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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent or officer or director

Date: (If "Not Applicable" or "Not Applicable" or "Not Applicable")

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE P
NAME GRAZIANO, ROBERT P
STREET ADDRESS 2145 TAMA CIR #102
CITY-ST-ZIP NAPLES FL 33962

TITLE V
NAME SCALISE, RICHARD
STREET ADDRESS 541 WINSOR SQUARE #202
CITY-ST-ZIP NAPLES FL 33942

TITLE TS
NAME DIEBLER, CORINNE
STREET ADDRESS 1480 MONARCH CIRCLE
CITY-ST-ZIP NAPLES FL

TITLE D
NAME CERNIGLIA, CATHERINE
STREET ADDRESS 1085 BALD EAGLE DR B602
CITY-ST-ZIP MARCO ISLAND FL

TITLE D
NAME CERNIGLIA, CHARLES SR.
STREET ADDRESS 1085 BALD EAGLE DR B602
CITY-ST-ZIP MARCO ISLAND FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PS
1.2 NAME Charles Cerniglia
1.3 STREET ADDRESS 1085 Bald Eagle Dr B602
1.4 CITY-ST-ZIP Marco Island, FL 33937

2.1 TITLE VP/TS
2.2 NAME Corinne Diebler
2.3 STREET ADDRESS 1480 Monarch Circle
2.4 CITY-ST-ZIP Naples, FL 33999

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 119.07(3)(a), 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 as an attachment with an address.

SIGNATURE:

Corinne M. Diebler CORINNE M. Diebler 4/18/96 941-643-5709

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)