

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P16924** (3)

1. Corporation Name  
**FERRETTI'S, INC.**



Principal Place of Business Mailing Address  
**C/O THAT'S ITALIAN** **C/O THAT'S ITALIAN**  
**5756 BENEVA ROAD** **5756 BENEVA ROAD**  
**SARASOTA FL 34233** **SARASOTA FL 34233**

|                                |                    |                     |                    |  |  |
|--------------------------------|--------------------|---------------------|--------------------|--|--|
| 2. Principal Place of Business |                    | 2a. Mailing Address |                    | 3. Date Incorporated or Qualified<br><b>11/23/1987</b>   | 3a. Date of Last Report<br><b>03/28/1995</b> |
| 21                             |                    | 26                  |                    | 4. FEI Number<br><b>36-0940509</b>   | Applied For<br>Not Applicable                |
| 22                             | Suite, Apt #, etc. | 27                  | Suite, Apt #, etc. | 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required        |
| 23                             | City & State       | 28                  | City & State       | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees           |
| 24                             | Zip                | 29                  | Zip                | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|                                | Country            |                     | Country            |  |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent                                      |  |  |  | 10. Name and Address of New Registered Agent |  |
| <b>FERRETTI, RICHARD H.</b><br><b>4300 MADEIRA COURT</b><br><b>SARASOTA FL 33579</b> |  |  |  | 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 Speed or printed name of registered agent or director, if applicable. (If 2 or more registered agents are required, each one must sign.)

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------------|---|---|
| TITLE                      | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>D FERRETTI, DANIEL</b>       | 1.2 NAME  |   |
| STREET ADDRESS             | <b>2500 DORTHY DR</b>           | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>AURORA IL</b>                | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>S FERRETTI, PHILOMENA</b>    | 2.2 NAME  |   |
| STREET ADDRESS             | <b>3886 SURREY COURT</b>        | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>SARASOTA FL</b>              | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>TVD FERRETTI, RICHARD</b>    | 3.2 NAME  |   |
| STREET ADDRESS             | <b>4300 MADEIRA COURT</b>       | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>SARASOTA FL</b>              | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>D GIACOMI, SANTINA</b>       | 4.2 NAME  |   |
| STREET ADDRESS             | <b>627 FLORENCE ST.</b>         | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>UTICA IL</b>                 | 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                                   |   |

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 on an attachment with an address.

SIGNATURE: *Richard Ferretti* **Richard Ferretti** 6/1/96: 941-923-7677  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CR2E034 (12/95)