FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 MAY -1 PM 1:25

DOCUMENT # P94000021250 (3)

1. Corporation Name

TASTE OF NEW YORK PIZZERIA & CAFE, INC.

Principal Place of Business

6541 BRIARCLIFF RD
FT MYERS FL 33912

Mailing Address

6541 BRIARCLIFF RD
FT MYERS FL 33912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/14/1994

3a. Date of Last Report

4. FEI Number: 650476791 — 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 21 | 2a. Mailing Address 26
Suite, Apt. #, etc. 22 | 27
City & State 23 | 28
Zip 24 | Country 25 | Zip 29 | Country 30

9. Name and Address of Current Registered Agent

BASILE, SALVATORE
6541 BRIARCLIFF RD
FT MYERS FL 33912

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: [signature] SALVATORE BASILE 4-30-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DPS	TITLE	☐ Change ☐ Addition
NAME	BASILE, SALVATORE	NAME	
STREET ADDRESS	6541 BRIARCLIFF RD	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33912	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntary, 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: [signature] SALVATORE Basile 4-30-95 813-4320994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0322438 CP