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95 MAY -1 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Morrom
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000052402 (2)

1. Corporation Name

ANTHONY'S ITALIAN DELI, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
2310 GREENDALE DR 2310 GREENDALE DR
SARASOTA FL 34232 SARASOTA FL 34232

3. Date Incorporated or Qualified 3a. Date of Last Report
07/11/1994

2. Principal Place of Business 2a. Mailing Address
21 26

4. FEI Number Applied For
65-0502868 Not Applicable

Suite, Apt. #, etc. 27

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State 28

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added in Fees

Zip Country 29 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**PUCCIO, KAREN D
2310 GREENDALE DR
SARASOTA FL 34232**

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, typed or printed name of registered agent and title if applicable

(831) Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUCCIO, KAREN D	12 NAME	
STREET ADDRESS	2310 GREENDALE DR	13 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34232	14 CITY - ST - ZIP	
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 110.07(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: *Karen Puccio* **Karen D. Puccio**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 813-365-2998
DATE AND TELEPHONE NUMBER