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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE. Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000006384 (8)

GARRITANI, INC.



Principal Place of Bu	usiness	Mailing) Address			1 (4 3) (4 3) (4 4) (4 (4 4) (4 (4) (4) (4) (4) (4)	Atta Maire #6101 88411		***************************************
100 VENETIAN CT SANFORD FL 32771-9546			100 VENETIAN CT SANFORD FL 32771-9546						
						3. Date Incorporated or Qualit 01/23/1995	fied 3a. Dat	e of Last F	Report
2. Principal Place of	f Business	2a. Ma	ning Address			4. FEI Number			Applied For
n		26	26			59-3294999	/		Not Applicable
Suite, Apt. #, etc.	D.		ite, Apt. #, etc.			5. Certificate of Status Desire	d 💢		5 Additional Required
22		27	P Chata			6. Election Campaign Finance			00 May Be
City & State		28	y & State			Trust Fund Contribution		•	ed to Fees
Zip	Country	Zip	1	Countr	у	8. This corporation has liability	y for intangible t	tax under s	199 032
4	25	29		30			Yes No		
9.	Name and Address of Curre	ent Registere	d Agent		T N	10. Name and Address of N	lew Registered	Agent	
0.455/744				81	Name				
Garritani, Linda 100 venetian CT			82 Street Ad		Street Addi	ddress (P.O. Box Number is Not Acceptable)			
	FL 32771-9546			83	3				
Oran One	1 C OE17 1 00 10							les :	ip Code
				84	1 City		Fl	_ 85 ²	.ip Cooe
or registered ag familiar with, an	e provisions of Sections 607.05 gent, or both, in the State of Flo nd accept the obliquitions of Se	02 and 607.15 brida Such da potion 6	508, Florida Statu ige was authori 5, Fielda Statute	ites, the above ized by the con es	named corpor poration's boa	ration submits this statement for the and of directors. Thereby accept the	ne purpose of che appointment a	nanging its is registere	regisered officed agent. I am
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(4. I do hereby certify that the information suppried with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(s)(ii), Fronda Statutes, Furnier cort by 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attaching that it an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96

Daytime Photo- #