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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000046328 (7)**

1. Corporation Name

ANGELINA'S ITALIAN RESTAURANT, INC.



Principal Place of Business

**507 MARK RUN
WINTER SPRINGS FL 32708**

Mailing Address

**507 MARK RUN
WINTER SPRINGS FL 32708**

3. Date Incorporated or Qualified
06/09/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **3109 S Orlando Dr**

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Sanford, FL

29 City & State

24 Zip

25 Country

29 Zip

30 Country

32773

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

**MANGIAPANE, DENISE
507 MARK RUN
WINTER SPRINGS FL 32708**

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 the corporation

(NOTE: Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ DELETE
NAME **MANGIAPANE, DENISE**
STREET ADDRESS **507 MARK RUN**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **V-Pres** ☐ Change ☒ Addition
1.2 NAME **Giuseppe mangiapane**
1.3 STREET ADDRESS **507 mark Run**
1.4 CITY-ST-ZIP **W. Springs, FL 32708**

2.1 TITLE **Sec/Treas** ☐ Change ☒ Addition
2.2 NAME **Felicia Trippoli**
2.3 STREET ADDRESS **501 mark Run**
2.4 CITY-ST-ZIP **W. Springs, FL 32708**

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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)(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: **Denise Mangiapane**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Denise Mangiapane

4-29-96

407-321-6524

CR2E034 (12/95)