SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

APPROVED AND FILED

97 AUG 19 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

pg. 1

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000051807 (1)**

1. Corporation Name
THE ITALIAN MARKET & RISTORANTE, INC.

Principal Place of Business	Mailing Address
2441 NW 43RD ST. SUITE 27AB GAINESVILLE FL	2441 NW 43RD ST. SUITE 27AB GAINESVILLE FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/17/1996
3a. Date of Last Report: N/A

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)

4. FEI Number: 59-3384696 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ATRIA, PAUL 2441 NW 43RD ST, SUITE 27AB GAINESVILLE FL	81 Name 82 Street Address (P.O. Box numbers not acceptable) 83 84 City **FL** 85 Zip Code

300002672973--3
-08/20/97--01119--024
****165.00 ****165.00

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ATRIA, PAUL 2441 NW 43RD ST, SUITE 27AB GAINESVILLE FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition A. Atria 8/19/97
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (4/97)

14. I do hereby certify that the information supplied with this filing 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: _____ 8/19/97 (352) 335-4466

Frank P. Ward

Certified Public Accountant

140 N.W. 75th Drive, Suite B • Gainesville, Florida 32607-1587 • (352) 331-1955 • Fax (352) 331-0060

pg 2

August 6, 1997

Florida Department of State
Sandra B. Mortham
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Subject: 1997 Profit Corporation Annual Report
The Italian Market & Ristorante, Inc.
Document # P96000051807

Dear Madam Secretary:

Enclosed is a completed "Second Notice" form, along with my client's check, #1804 for the $165.00 annual filing fee. While I am in agreement that my client had not responded to the initial Annual Return, by May 1, 1997, we request an abatement of the $385.00 late fee assessed.

These taxpayers, without exception, have filed their tax returns and were not aware that they did not receive the first Florida Annual Report. They never had any intention of avoiding the State of Florida statutes. The reason they did not file this report, by May 1, 1997, as I mentioned above, was because they did not receive the first notice. Please waive the $385.00 late fee on my client. I feel it is important to point out that this was an isolated incident and, for this reason, we hope that you will abate the $385 late fee.

Please notify us as soon as you have made a decision on this matter. We thank you for your consideration.

Sincerely yours,

Frank P Ward

enclosure(s)

copy: The Italian Market & Ristorante, Inc.