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Apr 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000091715 (8)

1. Corporation Name  
NAPOLI'S PIZZA AND ITALIAN RESTAURANT, INC.



Principal Place of Business: 1120 STATE ST SANFORD FL 32773  
Mailing Address: 1120 STATE ST SANFORD FL 32773-5410

3. Date Incorporated or Qualified: 11/05/1996  
3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country

4. FEI Number: 59-3417109  
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLEPAL, KANDACE M  
1120 STATE ST  
SANFORD FL 32773

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: DP  
NAME: KLEPAL, JUDY  
STREET ADDRESS: 113 ROSECLIFF CIR  
CITY-ST-ZIP: SANFORD FL 32773

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE: DV  
NAME: DEIS, MOHAMMAD A  
STREET ADDRESS: 4168 E DANBY CT  
CITY-ST-ZIP: WINTER SPRINGS FL 32708

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE: [ ] DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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

TITLE: [ ] DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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

TITLE: [ ] DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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

TITLE: [ ] DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-97

Date Daytime Phone #

CR2E034 (9/96)