FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S72754** **(2)**

1. Corporation Name
CALABRISELLA ORIGINAL ITALIAN FOOD, INC.

Principal Place of Business	Mailing Address
5280 W. IRLO BRONSON HIGHWAY KISSIMMEE FL 34746	2312 KELLIE ANN CT. KISSIMMEE FL 34741 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/06/1991
3a. Date of Last Report: 08/08/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-3084328 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (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

MCINTEE, JOHN E.
241 E. RUBY AVE.
SUITE A
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name: Albert Groccia
82 Street Address (P.O. Box Number is Not Acceptable): 2312 Kellie Ann Court
83
84 City: Kissimmee FL 85 Zip Code: 34741

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: Albert Groccia (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) 4/24/95 (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	11 TITLE	☐ Change ☐ Addition
NAME	GROCCIA, SALVATORE	12 NAME	
STREET ADDRESS	2312 KELLIE ANN CT.	13 STREET ADDRESS	
CITY ST ZIP	KISSIMMEE FL	14 CITY ST ZIP	
TITLE	DP	21 TITLE	☐ Change ☐ Addition
NAME	GROCCIA, ASSUNTA	22 NAME	
STREET ADDRESS	2312 KELLIE ANN CT.	23 STREET ADDRESS	
CITY ST ZIP	KISSIMMEE FL	24 CITY ST ZIP	
TITLE	DST	31 TITLE	☐ Change ☐ Addition
NAME	GROCIA, SALVATORE	32 NAME	
STREET ADDRESS	2312 KELLIE ANN CT.	33 STREET ADDRESS	
CITY ST ZIP	KISSIMMEE FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ 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 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: A. Groccia President 4/25/95 870-7929
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0874887 CP