

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S72754** (2)

1. Corporation Name

CALABRISELLA ORIGINAL ITALIAN FOOD, INC.



Principal Place of Business

**5260 W. IRLO BRONSON HIGHWAY
KISSIMMEE FL 34746**

Mailing Address

**2312 KELLIE ANN CT.
KISSIMMEE FL 34741
US**

3. Date Incorporated or Qualified

08/06/1991

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **3850 S. D.B.T**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23 **KISSIMMEE FL**

27

City & State

24

Zip

Country

24 **34746**

25 **OSCEOLA**

29

Zip

Country

30

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

**GROCCIA, ALBERT
2312 KELLIE ANN COURT
KISSIMMEE FL 34741**

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 **DVP** ☒ DELETE
NAME **GROCCIA, SALVATORE**
STREET ADDRESS **2312 KELLIE ANN CT.**
CITY- ST- ZIP **KISSIMMEE FL**

1.1 TITLE **DVP** ☒ Change ☐ Addition
1.2 NAME **GROCCIA, ALBERT**
1.3 STREET ADDRESS **2312 KELLIE ANN CT**
1.4 CITY- ST- ZIP **KISSIMMEE FL 34741**

TITLE **DP** ☐ DELETE
NAME **GROCCIA, ASSUNTA**
STREET ADDRESS **2312 KELLIE ANN CT.**
CITY- ST- ZIP **KISSIMMEE FL**

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

TITLE **DST** ☒ DELETE
NAME **GROCCIA, SALVATORE**
STREET ADDRESS **2312 KELLIE ANN CT.**
CITY- ST- ZIP **KISSIMMEE FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

Albert Groccia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-96

(407) 870-7429

CR2E034 (12/95)

4-23-96