FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE



FLORIDA DEPARTMENT OF STATE

FILED

Jan 22 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H30498

(0)

Principal Place C/O FRED J. S 8870 U.S. HWY	Y RESTAURANT CORPORA e of Business scarcelli, Jr.	Mailing Address 9504 STARLITE DRIVE RIVERVIEW FL 33569-381	2		·				
RIVERVIEW FL	33569	US				3. Date Incorporate	d or Qualified	3a. Date of Last F	Report
					01/01/1985 01/24/1996				
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		 	pplied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			59-2452226			lot Applicable Additional	
22		27			5. Certificate of Stat	us Desired		Additional lequired	
City & State		City & State				6. Election Campaig	n Financing	\$5.00) May Be
23		28				Trust Fund Contribution Added to Fees			
Zip	Country		Zip Country			8. This corporation has liability for intangible tay under s. 199.032,			
24	25 29 9. Name and Address of Current Registered Agent		30			Florida Statutes Yes No 10. Name and Address of New Registered Agent			
604	RCELLI, FRED J., JR.	it trogistorou rigori		1 Nar	ne	10. 144110 0110 74011		,	
	0 U.S. HWY 301 S	:		20 000		an (D.O. Day Number)	. Not Assessed	[a]	
RIVERVIEW FL 33569			ľ	32 Stre	et Addre	Address (P.O. Box Number is Not Acceptable)			
			1	33					
			ē	34 City	,			—. 85 Zip	Code
	-0.0			1 1					
office or re	to the provisions of Sections 607.050 ogistered agant, of bold, in the State	2 a. dk.)7.1504. Florida Statu of Holilla. Such change was nticks M. Section 607.0505, F	ites, the abo authorized	by the	ned corpo corporation	oration submits this stat on's beard of directors.	ement for the p I hereby accep	urpose or changing it the appointment/a	s registered
agent. I a	o tamility with and all of of the oblic	atichs M, Section 607.0505, F	lorida Statu	les/	DAA	\mathcal{L}_{i}	DIRS.	1/7/9	רוז ו
SIGNATURE	Syndrice typical or printed name in registered age	ont and title if applicable. (NC	TE: Registered	Agent sign	ature require	ed when reinstating)	4.000.	DATE	<u></u>
12.	OFFICERS AN		13.			ADDITIONS/CHAN	GES TO OFFIC	ERS AND DIRECTO	
TITLE	PD	☐ DELETE	1.1 TITL					L Change	Addition
NAME	SCARCELLI, FRED J., JR.			1.2 NAME					
STREET ADDRESS	9503 STARLITE DR. RIVERVIEW FL.		9	EET ADDRE	SS				l
CITY-ST-ZIP TITLE	D	DELETE	2.1 TITL	r-ST-ZIP E				Change	Addition
NAME	SCARCELLI, CAROL A.	_	2.2 NAME						
STREET ADDRESS	9503 STARLITE DR.		2.3 STREET ADDRESS		ss				
CITY-ST-7/P	RIVERVIEW FL.			2. 4 CITY - ST - ZIP					
TITLE	☐ DELETE		3.1 TiTL	3.1 TITLE				☐ Change	Addition
NAME			3.2 NAME						
STREET ADDRESS				3.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	DELETE		3.4. CIT 4.1 TITL	Y-\$T-ZIP				Change	Addition
NAME	had DELETE		1	4.2 NAME				La Change	
STREET ADORESS				eet addre	ss I				
CITY-ST-ZIP				-ST-ZIP					
TITLE	DELETE		5.1 T/TL	5.1 TITLE				☐ Change	☐ Addition
NAME			5.2 NAN	AE.					
STREET ADDRESS			5.3 STR	eet addre	ss				
CITY-ST-ZIP				5.4 CITY-ST-ZIP		·····			4.43.04
TITLE	☐ ĐELETE			6.1 TITLE				Change	Addition
NAME CIDECT ADDOCS C			6.2 NAN						
STREET ADDRESS	_		1	EET ADDRE	30				
City-St-ZiP 14. I do hereb	ny certify that me information supplie	I with the filing does not qua		r-ST-ZIP xemptic	n stated	in Section 119.07(3)(i).	Florida Statutes	s. I further certify tha	it the
informatio Lam an ol	n indicated on thit annual poort or flicer or director of the combuttion in n Block 12 or block 16 if Jian 200, o	I with the filing doer not qua supplemental annual report is the receive or trustee ampo rion an altachment with an ac	true and adwered to exidence.	ccurate ecute ti	and that his report	my signature shall have t as required by Chapte	the same lega of 607, Florida S	l effect as if made un tatules; and that my	nde oath; that name