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Feb 24 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 # H86577

(4)

1. Corporation Name

FOTO'S ITALIAN RESTAURANT, INC.

Principal Place of Business

7881 N. FEDERAL HWY.
BOCA RATON FL 33487-1613

Mailing Address

7881 N. FEDERAL HWY.
BOCA RATON FL 33487-1640

3. Date Incorporated or Qualified

12/12/1985

3a. Date of Last Report

02/27/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-2573740

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

FOTO, FRANK
7881 N. FEDERAL HWY.
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

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

TITLE PD
NAME FOTO, EMANUELE
STREET ADDRESS 473 OREGON RD
CITY-ST-ZIP BOCA RATON FL

☒ DELETE

TITLE SD
NAME FOTO, VINCENT
STREET ADDRESS 2802 DUNLIN ROAD
CITY-ST-ZIP DELRAY BEACH FL

☐ DELETE

TITLE TD
NAME FOTO, FRANK
STREET ADDRESS 454 PRAIRIE ROSE LN
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME PAOLA FOTO
1.3 STREET ADDRESS 473 OREGON RD
1.4 CITY-ST-ZIP BOCA RATON, FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME VINCENT FOTO
2.3 STREET ADDRESS 2802 DUNLIN RD
2.4 CITY-ST-ZIP DELRAY BEACH FLA

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME FRANK FOTO
3.3 STREET ADDRESS 454 PRAIRIE LN
3.4 CITY-ST-ZIP BOCA RATON- FL.

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-97

Date

Daytime Phone #

CR2E034 (9/96)