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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000073619 (4)

GEMELLI'S CATERING, INC.

FILED May 05 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Addres	SS			- I 1901/1201 IJA 1906 ÖNUN UUUN OLNY OLNY	MANN SAMON SELLA	E4585 41841	
2212 FLETCHERS POINT CIRCLE TAMPA FL 39613			2212 FLETCHERS POINT CIRCLE TAMPA FL 33613-4172						
						Date Incorporated or Qualified 08/30/1996	3a. Date o	of Last R	eport
	lace of Business	2a. Mailing Add	dress	· - · ·		4. FEI Number		A	oplied For
21		26			· · · · · · · · · · · · · · · · · · ·	59-3407991			ot Applicable
Suite, Apt. #, etc.		27	Suite, Apt. #, etc. 27 City & State 28			5. Certificate of Status Desired	\$8.75 Additions Fee Required \$5.00 May Be Added to Fees		
City & State 23	City & State					Election Campaign Financing Trust Fund Contribution			
Zip	Country	Zip		Country	7	8. This corporation has liability for i	ntangible tax	under s	. 199.032,
24	25	29	3(0			Yes N		
	9. Name and Address of Cu	urrent Registered Agent	***		1	10. Name and Address of New Re	gistered Age	nt	
	IOSKY, WILLIAM P			81	Name				
	2 FLETCHERS POINT CIRCLE 1PA FL 33613	Ē			Street Addr	ess (P.O. Box Number is Not Acceptable)			
I Ami	1711 00010			83				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
				84	City		E. 8	5 Zip	Code
44 Daman	to the gravisians of Sections 603	7.0502 and 607 1509 Elec	rida Statuton	the above	e-named core	poration submits this statement for the p	FL	enging i	te registered
A (1. A. A	registered agent, or both, in the S	State of Florida. Such cha	inge was aut	horized by	y the corporat	tion's board of directors. I hereby accep	ot the appoint	ment as	registered
=	am familiar with, and accept the c	obligations of, Section 607	7.0505, Florid	da Statutei	8.				
office or r agent. La SIGNATURE	Signature typed or printed name of register	ed agent and title if applicable.				red when reinstating)	DATE		
SIGNATURE	Signature typed or printed name of register OFFICERS	ed agent and title if applicable. S AND DIRECTORS	(NOTE: F	legislered Ag			DATE ERS AND DI	RECTOF	
SIGNATURE 12. TIME	Signeure typed or printed name of register OFFICERS	ed agent and title if applicable. S AND DIRECTORS		negislered Age		red when reinstating)	DATE ERS AND DI		
SIGNATURE 12. TILLE NAME	Signature: typed or printed name of register OFFICERS PTD SAMOSKY, WILLIAM P	ed agent and title if applicable S AND DIRECTORS	(NOTE: F	13. 1 1 TITLE 1.2 NAME	ent signature requir	red when reinstating)	DATE ERS AND DI	RECTOF	
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I do nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(). Florida statutes. Truther 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: