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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

VITO'S, I Principal Place 1021 S FLA AVE LAKELAND FL 3	e of Business	Mailing Address 1021 S FLA AVE LAKELAND FL 33803						
					 Date Incorporated or Qualified 09/03/1965 	ı	ate of Last Re 14/1996	eport
	lace of Business	2a. Mailing Address		·	4. FEI Number		Ap	plied For
Suite. Apt.	# etc	Suite, Apt. #, etc.			59-1102385		\$8.75 A	Additional
2	F, 000	27			5. Certificate of Status Desired		Fee Re	
City & State	0	City & State			6. Election Campaign Financing		\$5.00	May Be
23]	***************************************	28			Trust Fund Contribution		Added t	·
- Zip ⊡1	Country	Zip	Country	/	8. This corporation has liability for	intangible Yes [. 199.032,
24∤	25 9. Name and Address of Currer	29 3 of Registered Agent	01		Florida Statutes 10. Name and Address of New R			
GIAN	NIA, DANIEL		81	Name				
304 DORIS DR			82	Street	Address (P.O. Box Number is Not Accepta	ress (P.O. Box Number is Not Acceptable)		
LAKE	LAND FL 33803				7,00,000 (7,00,000)			
			83					
			84	City		FL	85 Zip (Code
office or r agent. La SIGNATURE.	to the provisions of Sactions 607,056 egistered agent, or both, in the State in familiar with, and accept the oblig stormare by add or printed name of registered agents.				d corporation submits this statement for the rporation's board of directors. I hereby acce e required when reinstating)	purpose of pt the app	ointment as	s registered registered
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTOR	IS IN 12
1111.E	PD	☐ DELETE	1.1 TALE				Change	Addition
NAME	WURTHMANN, LORETTA 4805 MOUNTAINVIEW DR		1.2 NAME					
STREET ADDRESS	LAKELAND, FL 00000			T ADDRESS				
CITY-S1-7AP TOLE	VD	DELETE	14 CITY-	51-ZIP			Change	Addition
NAME .	TOMKOW, W., RENEE		2.2 NAME					
STREET ADDRESS	2412 ARIANA		2.3 STREE	T ADDRESS				
C TY-ST-ZIP	LAKELAND, FL 00000		2. 4 CITY-	ST-ZIP				
Tiflef	STD	☐ DELETE	31 TITLE		l e		Change	Addition
NAME	GIANNINI, DANIEL		3.2 NAME			•		
SYREET ADDRESS	304 DORIS DR			T ADDRESS				
CHTY - ST - ZIP THILE	LAKELAND FL	DELETE	3.4. CITY- 4.1 TITLE	31-ZIP			Change	Addition
NAME		_	4. 2 NAME		1			
STREET ADDRESS			4.3 STREE	T ADDRESS				
C(1 Y - S1 - Z)P			4.4 CITY-	ST-ZIP		····		
TITLE		☐ DELETE	5.1 TITLE		, **4		☐ Change	Addition
NAME			5.2 NAME		, ,			
STREET ADDRESS			5.3 STREE 5.4 CITY-	T ADDRESS				
City-St-ZiP Tillef		☐ DELETE	6.1 TITLE	o) - Lir			☐ Change	Addition
NAME			6.2 NAME				- •	
STREET ADDRESS	15			T ADDRESS				
CITY - ST - ZiF			64 CITY-					
informatio Lam an o	ori indicated on this annual report or a	supplemental annual report is trui r the receiver or trustee empower	e and acc ed to exe	urate and	stated in Section 119.07(3)(i), Florida Statut d that my signature shall have the same leg report as required by Chapter 607, Florida	al effect as	s if made und	der oath; thai

FILED

May 23 1997 8:00am

Secretary of State