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Apr 21 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 # 420024

(2)

1. Corporation Name
VILLA MARIA ITALIAN RESTAURANT, INC.

Principal Place of Business
7855 W GULF TO LAKE HWY
CRYSTAL RIVER FL 34429
US

Mailing Address
9771 W HALLS RIVER RD
HOMOSASSA SPGS FL 34448-3507
US



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|--------------------------------|--|-------------------------|--|--|--|---------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 02/27/1973 | | 3a. Date of Last Report 03/15/1996 | |
| 21. Suite, Apt. #, etc. | | 26. Suite, Apt. #, etc. | | 4. FEI Number 59-1448172 | | Applied For Not Applicable | |
| 22. City & State | | 27. City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23. Zip | | 28. Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24. Country | | 29. Country | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent MASUT, DOMINIC D. 9771 W HALLS RIVER RD HOMOSASSA SPRINGS FL 34447 | | | | 10. Name and Address of New Registered Agent | | | |
| 81. Name JAN MASUT | | | | 82. Street Address (P.O. Box Number is Not Acceptable) 9771 W Halls River Rd | | | |
| 83. City HOMOSASSA | | | | 84. Zip Code FL 34448 | | | |

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: Jan Masut JAN MASUT DATE: April 8, 1997

| | | | | | | | |
|----------------------------|----|------|-----------------------|---|----|---------------------|-----------------------|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | PD | NAME | MASUT, DOMINIC D. | 1.1 TITLE | PD | 1.2 NAME | JAN MASUT |
| STREET ADDRESS | | | 9771 W HALLS RIVER RD | 1.3 STREET ADDRESS | | | 9771 W HALLS RIVER RD |
| CITY - ST - ZIP | | | HOMOSASSA SPGS FL | 1.4 CITY - ST - ZIP | | | HOMOSASSA, FL 34448 |
| TITLE | ST | NAME | MASUT, JAN | 2.1 TITLE | | 2.2 NAME | |
| STREET ADDRESS | | | 9771 W HALLS RIVER RD | 2.3 STREET ADDRESS | | 2.4 CITY - ST - ZIP | |
| CITY - ST - ZIP | | | HOMOSASSA SPGS FL | 3.1 TITLE | | 3.2 NAME | |
| TITLE | | NAME | | 3.3 STREET ADDRESS | | 3.4 CITY - ST - ZIP | |
| STREET ADDRESS | | | | 4.1 TITLE | | 4.2 NAME | |
| CITY - ST - ZIP | | | | 4.3 STREET ADDRESS | | 4.4 CITY - ST - ZIP | |
| TITLE | | NAME | | 5.1 TITLE | | 5.2 NAME | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | 5.4 CITY - ST - ZIP | |
| CITY - ST - ZIP | | | | 6.1 TITLE | | 6.2 NAME | |
| TITLE | | NAME | | 6.3 STREET ADDRESS | | 6.4 CITY - ST - ZIP | |
| STREET ADDRESS | | | | | | | |
| 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: Jan Masut JAN MASUT DATE: April 8, 1997 (352) 628-6007

CR2E034 (9/96)