$ 61.25

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

FILED
97 NOV -5 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 420024

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
7855 W. Gulf to lake Hwy
Crystal river Fl 34429
U.S

3. Date Incorporated or Qualified: 02-27-73	3a. Date of Last Report: 04-21-97
4. FEI Number: 59-1448172	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	

2. Principal Place of Business	2a. Mailing Address
21	26 7855 W Gulf to lake Hwy
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Crystal river, Fl
Zip 24 Country 25	Zip 29 34429 Country 30 USA

9. Name and Address of Current Registered Agent

JAN MASLT
9771 W. Halls river rd
HOMOSASSA Fl. 34448

10. Name and Address of New Registered Agent

81 Name: Edward Lee Sanderson
82 Street Address (P.O. Box Number is Not Acceptable): 95. S. Harrison st
83
84 City: Beverly Hills FL 85 Zip Code: 34465

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] nov 1, 1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☒ DELETE	1.1 TITLE	PD ☐ Change ☒ Addition
NAME	SAN MASLT	1.2 NAME	Edward Lee Sanderson
STREET ADDRESS	9771 W. HAlls River Rd	1.3 STREET ADDRESS	95. S. Harrison street
CITY-ST-ZIP	HOMOSASSA Fl 34448	1.4 CITY-ST-ZIP	Beverly Hills Fl. 34465
TITLE	☐ DELETE	2.1 TITLE	VP ☐ Change ☒ Addition
NAME		2.2 NAME	James Edward Elder
STREET ADDRESS		2.3 STREET ADDRESS	8410 N Pickinz Way
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Citrus Springs Fl, 34433
TITLE	☐ DELETE	3.1 TITLE	Tres ☐ Change ☒ Addition
NAME		3.2 NAME	TODD clem
STREET ADDRESS		3.3 STREET ADDRESS	2935 10(Ave. N
CITY-ST-ZIP		3.4 CITY-ST-ZIP	clearwater Fl 34622
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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SL 11-6-97

CR2E034 (9/96)

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] Edvard L Sanderson nov 1, 1997 (352) 746-2863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #