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Apr 15 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 # 533129

(3)

1. Corporation Name

MAMMA MIA RESTAURANT, INC.

Principal Place of Business

BREAKFAST NOOK
719 ATLANTIC BLVD.
ATLANTIC BEACH FL 32233
US

Mailing Address

3336 PALM ISLAND DR
JACKSONVILLE BCH FL 32250-2324

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24

28. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CORNELLO, JOSEPH
3336 PALM ISLAND DR
JACKSONVILLE BEACH, FL
32250

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 (if applicable)

(NOTE: Registered Agent's signature required when re-issuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD
CORNELLO, JOSEPH
3336 PALM ISLAND DR
JAX BEACH, FL 00000

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SD
CORNELLO, GEORGETTE
3336 PALM ISLAND DR
JAX BEACH, FL 00000

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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11 TITLE

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41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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

JOSEPH CORNELLO 04/15/97 59-1734858



CR2E034 (9/96)