

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 538396 (3)

1. Corporation Name

NINO'S RESTAURANT, INCORPORATED



Principal Place of Business

Mailing Address

3728 NORTH TRAIL
SARASOTA FL 34234

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SARASOTA FL 34234

3. Date Incorporated or Qualified 06/30/1977	3a. Date of Last Report 05/01/1995
4. FEI Number 59-1746509	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ONESTI, JOHN
3728 NORTH TRAIL
SARASOTA FL 34234

81 Name	Tina Scarpino
82 Street Address (P.O. Box Number is Not Acceptable)	5832 Milton Avenue
83	
84 City	Sarasota
FL	85
Zip Code	34243

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 *Tina Scarpino* **TINA SCARPINO** *Tina Scarpino (SECRETARY)* **4-27-96**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	S	<input type="checkbox"/>
NAME	SCARPINO, TINA	
STREET ADDRESS	3728 N TRAIL	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	T	<input type="checkbox"/>
NAME	SCARPINO, FRANK	
STREET ADDRESS	3728 N TRAIL	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	P	<input type="checkbox"/>
NAME	ONESTI, JOHN	
STREET ADDRESS	3728 N TRAIL	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	V	<input type="checkbox"/>
NAME	ONESTI, FRANCES	
STREET ADDRESS	3728 N TRAIL	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
2. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
3. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
4. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
5. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
6. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Tina Scarpino* **TINA SCARPINO** **4-27-96** **941-355-0168**

CR2E034 (12/95)