FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **539334** **(3)**

1. Corporation Name

AL'S ITALIAN RESTAURANT AND PIZZERIA, INC.

Principal Place of Business	Mailing Address
6050 E TURNER CAMP ROAD INVERNESS FL 34453 US	6050 E TURNER CAMP ROAD INVERNESS FL 34453 US

3. Date Incorporated or Qualified: **07/14/1977**
3a. Date of Last Report: **04/03/1995**

2. Principal Place of Business	2a. Mailing Address
21 804 U S HIGHWAY 41 SOUTH	26 804 U S HIGHWAY 41 SOUTH
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 INVERNESS FL	City & State 28 INVERNESS FL
Zip / Country 24 34450 / 25 CITRUS	Zip / Country 29 34450 / 30 CITRUS

4. FEI Number: **59-1764609** ☐ 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

9. Name and Address of Current Registered Agent

VERDERAME, ALBERT
6050 E. TURNER CAMP ROAD
INVERNESS FL 32650

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code 34453

11. Pursuant to the provisions of Section 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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	11 TITLE		☐ Change ☒ Addition
NAME	VERDERAME, ANTONINA		12 NAME		
STREET ADDRESS	6050 E TURNER CAMP ROAD		13 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS, FL 00000		14 CITY-ST-ZIP	34453	
TITLE	PD	☐ DELETE	21 TITLE		☐ Change ☒ Addition
NAME	VERDERAME, ALBERT		22 NAME		
STREET ADDRESS	6050 E TURNER CAMP ROAD		23 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS, FL 00000		24 CITY-ST-ZIP	34453	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			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)(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: Albert Verderame ALBERT VERDERAME/PRESIDENT 352/726-9094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

CR2E034 (12/95)