

FILE NOW: FILING FEE AFTER MAY 1 25.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 28 PM 6:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # 607457 (9)

1. Corporation Name
GIUSEPPE'S ITALIAN FOOD, INC.

Principal Place of Business Mailing Address
**3624 WEST VINE STREET 3624 WEST VINE STREET
KISSIMMEE FL 34741-4639 KISSIMMEE FL 34741-4639**

3. Date Incorporated or Qualified **01/22/1979** 3a. Date of Last Report **05/24/1994**
4. FEI Number **59-1973707** 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
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**DEBAISE, CATHERINE M
3624 WEST VINE ST
KISSIMMEE, FL
32741**

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP
PD **DEBAISE, CATHERINE M
3624 WEST VINE ST
KISSIMMEE, FL 00000**
TITLE NAME STREET ADDRESS CITY - ST - ZIP
TSD **DEBAISE, JOSEPH N.
1480 RIVIERA DRIVE
KISSIMMEE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
61 TITLE Change Addition
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: *Catherine M Debaise* 4/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Month/Year