## 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

DOCUMENT # 607457

(9)

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							
KISSIMMEE FL	34/41-4639	KISSIMMEE FL 34741-463	<del>)</del>				
					3. Date Incorporated or Qualified 01/22/1979	3a. Date of Last F 03/11/1996	Report
2. Principal Place of Business 2a. Mailing Address			······································		4. FEI Number	I	pplied For
21	26			<b>59-1973707</b> Not Applicable			
Suite, Apt	#, etc	Suite, Apt. #, etc.	7		5. Certificate of Status Desired See Required Fee Required		
City & Stat	e	City & State			Election Campaign Financing     Trust Fund Contribution		May Be to Fees
Ζιp	Country	Zip	Cou	ntry	8. This corporation has liability for i		s. 199.032,
24	25	29	30			Yes No	
	9. Name and Address of Curre	ent Hegistered Agent		81 Name	10. Name and Address of New Re	<del></del>	
DEDAGE, OATHERING M				Joseph N. DeBaise, II			
KISSIMMEE, FL				Street Addless (P.O. Box Number is Not Acceptable) RIVIETA Drive			
3274	<b>11</b>			83			
				L. C.	ssimmee	FL 85 319	Code 4
11. Pursuant office or r	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu c of Florida, Such change was	tes, the al	oove-named cor	poration submits this statement for the pation's board of directors. I hereby accep	urpose of changing of the appointment as	its registered registered
agent La	on familiar with, and accept the oblig	gations of Section 607,0505, F	lorida Stat	utes.			-
SIGNATURE	Startor By year of printed name of registered as		-	Agent signature requ		ruary 18,	1997
12.		ND DIRECTORS	13.	> Agont eigh prove redu	V ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	PD	☐ DE- TE	1.1 10	TLE	DeBaise, II Josep	l Change	X Addition
NAME	DEBAISE, CATHERINE M		1.2 NA	ME	1480 Riviera Driv		
STREET ADDRESS	3624 WEST VINE ST		1.3 ST	REET ADDRESS	Kissimmee, FL 34		
CITY - \$1 - ZIP	KISSIMMEE, FL 00000	DELETE		TY-ST-ZIP			Addition
TITLE	TSD Debaise, Joseph N.	□ Dereit	2.1 TI 2.2 N/	ŀ		L. Change	Monitor
NAME STREET ADORESS	1480 RIVIERA DRIVE			REET ADDRESS			
COLY - \$1 - ZIP	KISSIMMEE FL			ITY-ST-ZIP			
TITLE		DELETE	3.1 TI	<del></del>		☐ Change	Addition
NAME			3.2 N/	ME			
STREET ADDRESS			3.3 ST	REET ADDRESS			
CITY-ST-ZIP				ITY-ST-ZIP			
TITLE		L_J DELETE	4.1 TI			☐ Change	Addition
NAME			4. 2 N				
STREET ADDRESS				REET ADDRESS			
CITY: ST: ZIP TITLE		☐ DELETE	5.1 TI	TY-ST-ZIP TLE		Change	Addition
NAME			5.2 N/				
STREET ADDRESS				REET ADDRESS			
CITY -S1 - 7@			5.4 CI	TY-ST-ZIP			
T!TLE		☐ DELETE	6.1 Ti	TLE		☐ Change	Addition
NAME			6.2 N/	AME			
STREET ADDRESS	i '		6 2 6 7	REET ADDRESS			

6.4 CITY - ST - ZIP

SIGNATURE:

ALGINATURE AND TYPED OR PRINTED NAME OF BLOSHING OF HISPOTOS I CO

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Sec on 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 significant or director of the corporation or the receiver or trustee empowered to execute this report as recorded by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or on an attachment with an address.

Feb 18, 1997 407-847-9938

Feb<sup>Date</sup>18 1007 Dayling #5000 8 4 7 ... 002

**FILED** 

Feb 24 1997 8:00am

Secretary of State