PROFIT	W: FILING FEE AF		TMENT OF STATE		LED	~ ~
CORPORATI ANNUAL REF		Sandra B	. Mortham	May 05	1997 8:	:00an
1997	YAS 67 197		y of State ORPORATIONS	Secreta	arv of S	tate
DOCUMENT 1. Corporation Name NERO'S OF OC	[#] 846593	(2)	<u></u>		u y 01 8	cuto
Principal Place of Busine C/O PAUL D'ALTO 6419 NEWBERRY ROAD GAINESVILLE FL 32605	NEWBERRY ROAD 6419 NEWBERRY ROAD			1 1		
2. Principal Place of Bus	inara 19	n Mailina Address		07/28/1980	06/20/1996	
 Principal Flade of Bus 	26 26 26	e. Mailing Address		4. FEI Number 59-2066378		plied For t Applicable
Suite, Apt. #, etc.	27	Suite, Apt #, etc.		5. Certificate of Status Desired	S8.75 A	
City & State	28	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	May Be
Zip 4	Country	Zip	Country	This corporation has liability for in Florida Statutes	ntangible tax under s. Yes 🔲 No	199.032,
	25 25 25 25		30 81 Name	10. Name and Address of New Reg		
			83			
	isions of Sections 607,0502 and agent, or both, in the State of Fic with, and accept the obligations	607.1508, Florida Statute vida. Such change was a of, Section 607.0505, Flo	84 City is, the above-named cor uthorized by the corpore rida Statutes.	rporation submits this statement for the po ation's board of directors. I hereby accep	FL 85 Zip 0 rpose of changing its t the appointment as	
SIGNATURE Signature type	ed or printed name of registered agent and t	itc if applicable (NOTE	ss, the above-named cor uthorized by the corpora rida Statutes.	ulred when reinstating)	FL pose of changing its the appointment as	s registered registered
IGNATURE <u>Stepsense type</u> 2. ILF P	ed or printed name of registered agent and OFFICERS AND DIR	itc if applicable (NOTE	is, the above-named cor ultiorized by the corpora rida Statutes.		FL pose of changing its the appointment as	s registered registered
IGNATURE 2. ILE P D'ALTO	nd or printed name of registered agent and to OFFICERS AND DIR	itc if applicable (NOTE E.CTORS	as, the above-named cor ultrorized by the corpore rida Statutes. Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME	ulred when reinstating)	DATE ERS AND DIRECTOR	s registered registered S IN 12
IGNATURE 2. TLF P MME D'ALTO IRBELADGRESS 47 CHA	ed or printed name of registered agent and OFFICERS AND DIR	itc if applicable (NOTE E.CTORS	is, the above-named cor ultrorized by the corpora rida Statutes. Registered Agent signature requ 13. 1.1 TITLE	ulred when reinstating)	DATE ERS AND DIRECTOR	s registered registered S IN 12
IGNATURE Signature type 2. ILE P D'ALTO AT CHA VSL-ZIE WESTP ILE VTD AME D'ALTO	nd or printed name of registered agont and t OFFICERS AND DIR OFFICERS AND DIR ARCOAL HILL RD. ORT CT	itc if applicable (NOTE E.CTORS	28, the above-named con ultiorized by the corpore rida Statutes. 2 Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME	ulred when reinstating)	DATE ERS AND DIRECTOR	s registered registered S IN 12
Bigmature Bigmature Bupstature Bupstatur	Ind or printed name of registered agoni and t OFFICERS AND DIR OFFICERS AND DIR ARCOAL HILL RD. ORT CT	at cit applicable (NOTE E.CTORS	23, the above-named corruthorized by the corpore rida Statutes.	ulred when reinstating)	Prose of changing its rpose of changing its DATE ERS AND DIRECTOR Change	s registered registered S IN 12 Addition
IGNATURE 2. ILF P D'ALTO IREELADORESS IY-SL-ZIE WESTP ILE VTD IREELADORESS IY-SL-ZIP GAINES ILE ILE ILE ILE ILE	of or printed name of registered agont and t OF FICERS AND DIR OF ANTHONY ARCOAL HILL RD. ORT CT), PAUL IEWBERRY RD.	it c it applicable (NOTE E.CTORS	28, the above-named con ultiorized by the corpore rida Statutes. 2 Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ulred when reinstating)	DATE ERS AND DIRECTOR	s registered registered S IN 12
IGNATURE Separative type 2. TLF P AME D'ALTO IRGELADGRESS 47 CHA INY-SL-ZIF WESTP TREFLADDRESS 6419 N INY-SL-ZIF GAINES ILF J'ALTO ME D'ALTO REFLADDRESS 6419 N ILF GAINES ILF GAINES ILF GAINES	of or printed name of registered agont and t OF FICERS AND DIR OF ANTHONY ARCOAL HILL RD. ORT CT), PAUL IEWBERRY RD.	IIC If applicable (NOTE ECTORS	as, the above-named cor uthorized by the corpore rida Statutes. Begistered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP	ulred when reinstating)	FL rpose of changing its the appointment as DATE ERS AND DIRECTOR Change Change	s registered registered S IN 12 Addition
SIGNATURE Signature spe 2. THE P AME D'ALTO 47 CHA WESTP VTD VTD VTD VTD VTD 0'ALTO 6419 N 6419 N 6419 N GAINES THE ADDRESS 111E AME THE ADDRESS 111E AME	of or printed name of registered agont and t OF FICERS AND DIR OF ANTHONY ARCOAL HILL RD. ORT CT), PAUL IEWBERRY RD.	at cit applicable (NOTE E.CTORS	as, the above-named cor ultionized by the corpore rida Statutes. Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ulred when reinstating)	Prose of changing its rpose of changing its DATE ERS AND DIRECTOR Change	s registered registered S IN 12 Addition
IGNATURE 2. ILE P D'ALTO AME D'ALTO AME UY-SI-ZIE UF VTD D'ALTO BRETADORESS UF SI-ZIE UF AME IRGELADORESS IRGELADORESS IRGELADORESS IRGELADORESS	of or printed name of registered agont and t OF FICERS AND DIR OF ANTHONY ARCOAL HILL RD. ORT CT), PAUL IEWBERRY RD.	IIC If applicable (NOTE ECTORS	28, the above-named con ultionized by the corpore rida Statutes. 2 Registered Agent signature requ- 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	ulred when reinstating)	FL rpose of changing its the appointment as DATE ERS AND DIRECTOR Change Change	s registered registered S IN 12 Addition
IGNATURE	of or printed name of registered agont and t OF FICERS AND DIR OF ANTHONY ARCOAL HILL RD. ORT CT), PAUL IEWBERRY RD.	IIC If applicable (NOTE ECTORS	28, the above-named con ultionized by the corpore rida Statutes. 13, 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ulred when reinstating)	FL rpose of changing its the appointment as DATE ERS AND DIRECTOR Change Change	s registered registered S IN 12 Addition
IGNATURE	of or printed name of registered agont and t OF FICERS AND DIR OF ANTHONY ARCOAL HILL RD. ORT CT), PAUL IEWBERRY RD.	at c it applicable INOTE	28, the above-named con ultiorized by the corpore rida Statutes. 2 Registered Agent signature requ- 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME	ulred when reinstating)	FL Juncols of changing its the appointment as DATE ERS AND DIRECTOR Change Change Change Change Change	s registered registered S IN 12 Addition Addition
IGNATURE Signature type 2. ILE P D'ALTO ACTION REFLADORESS IV ST-ZIE ILE VTD D'ALTO 6419 NI GAINES IV ST-ZIE ILE ME REFLADORESS IV ST-ZIE ILE ME REFLADORESS IV ST-ZIE ILE ME REFLADORESS IV ST-ZIE ILE ME REFLADORESS	of or printed name of registered agont and t OF FICERS AND DIR OF ANTHONY ARCOAL HILL RD. ORT CT), PAUL IEWBERRY RD.	at c it applicable INOTE	28, the above-named con ultiorized by the corpore rida Statutes. 2 Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	ulred when reinstating)	FL Juncols of changing its the appointment as DATE ERS AND DIRECTOR Change Change Change Change Change	s registered registered S IN 12 Addition Addition
IGNATURE Signature type 2. TLF P AME D'ALTO INCELADORESS INF ST-2// WESTP VTD AME D'ALTO 6419 NI GAINESS ILF ADORESS ILF ADORESS INF ST-2/F TLF AME INCELADORESS INF ST-2/F ILF AME INCELADORESS INF ST-2/F ILF AME INCELADORESS INF ST-2/F ILF AME INCELADORESS INF ST-2/F	of or printed name of registered agont and t OF FICERS AND DIR OF ANTHONY ARCOAL HILL RD. ORT CT), PAUL IEWBERRY RD.	at c it applicable INOTE	28, the above-named con ultiorized by the corpore rida Statutes. 2 Registered Agent signature requ- 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME	ulred when reinstating)	FL Juncols of changing its the appointment as DATE ERS AND DIRECTOR Change Change Change Change Change	s registered registered S IN 12 Addition Addition
IGNATURE Separatore type 2. ILE P AME D'ALTO AME UY-SI-ZIF UE AME UY-SI-ZIF UE AME IRGELADORESS UY-SI-ZIF ILE	of or printed name of registered agont and t OF FICERS AND DIR OF ANTHONY ARCOAL HILL RD. ORT CT), PAUL IEWBERRY RD.	aic it applicable (NOTE ECTORS	IS, the above-named con ultiorized by the corpore rida Statutes. Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	ulred when reinstating)	FL Prose of changing its DATE ERS AND DIRECTOR Change Change Change Change Change Change	s registered registered S IN 12 Addition Addition
SIGNATURE Biperfore Market III.F P JALTO AME D'ALTO AREELADORESS ARY-ST-20 III.F VTD D'ALTO 6419 N GAINES 1017 ST-20 III.F GAINESS 1017 ST-20	of or printed name of registered agont and t OF FICERS AND DIR OF ANTHONY ARCOAL HILL RD. ORT CT), PAUL IEWBERRY RD.	aic it applicable (NOTE ECTORS	23, the above-named con ultiorized by the corpore rida Statutes. 2 Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 5.1 TITLE	ulred when reinstating)	FL Prose of changing its DATE ERS AND DIRECTOR Change Change Change Change Change Change	s registered registered S IN 12 Addition Addition
SIGNATURE Bipertone Market III.F P III.F P III.F P III.F VTO D'ALTO SIREELADORESS III.F VTD D'ALTO 6419 N O'ALTO 6419 N O'ALTO 6419 N O'ALTO 6419 N O'ALTO 6419 N O'ALTO 6419 N O'ALTO 6419 N O'ALTO 6419 N O'ALTO 6419 N O'ALTO 6419 N III.F II.F	of or philad name of registered agont and t OFFICERS AND DIR OFFICERS AND DIR NATHONY VRCOAL HILL RD. ORT CT O, PAUL EWBERRY RD. SVILLE FL	IIC If applicable (NOTE ECTORS	IS, the above-named corrultorized by the corpore rida Statutes.	ulred when reinstating)	FL repose of changing its the appointment as DATE ERS AND DIRECTOR Change Change	s registered registered S IN 12 Addition Addition Addition