

42554 ✓ 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004 8:00 am
Secretary of State

01-16-2004 90011 016 ***150.00

DOCUMENT # F0000006818			
1. Entity Name FRANREST MANAGEMENT, INC.			
Principal Place of Business 763 LARKFIELD ROAD COMMACK, NY 11725		Mailing Address 763 LARKFIELD ROAD COMMACK, NY 11725	
2. Principal Place of Business 401 Broadhollow Rd		3. Mailing Address 401 Broadhollow Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Melville, NY		City & State Melville, NY	
Zip 11747		Zip 11747	
Country US		Country US	
4. FEI Number 11-3189135		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P SBARRO, MARIO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SBARRO, MARIO	NAME	List Attached
STREET ADDRESS	401 BROADHOLLOW ROAD	STREET ADDRESS	
CITY-ST-ZIP	MELVILLE, NY 11747	CITY-ST-ZIP	
TITLE	T SBARRO, ANTHONY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SBARRO, ANTHONY	NAME	
STREET ADDRESS	401 BROADHOLLOW ROAD	STREET ADDRESS	
CITY-ST-ZIP	MELVILLE, NY 11747	CITY-ST-ZIP	
TITLE	VS SBARRO, JOSEPH <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SBARRO, JOSEPH	NAME	
STREET ADDRESS	401 BROADHOLLOW ROAD	STREET ADDRESS	
CITY-ST-ZIP	MELVILLE, NY 11747	CITY-ST-ZIP	
TITLE	VAS MERENDINO, CARMELA N <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERENDINO, CARMELA N	NAME	
STREET ADDRESS	401 BROADHOLLOW ROAD	STREET ADDRESS	
CITY-ST-ZIP	MELVILLE, NY 11747	CITY-ST-ZIP	
TITLE	CONT GRAHAM, STEVEN B <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, STEVEN B	NAME	
STREET ADDRESS	763 LARKFIELD ROAD	STREET ADDRESS	
CITY-ST-ZIP	COMMACK, NY 11725	CITY-ST-ZIP	
TITLE	V GELLER, ADELE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELLER, ADELE	NAME	
STREET ADDRESS	763 LARKFIELD ROAD	STREET ADDRESS	
CITY-ST-ZIP	COMMACK, NY 11725	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Adele Geller</u>		Date _____ Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

Attachment

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44002585

FRANREST MANAGEMENT, INC.
11-3189135
EXECUTIVE OFFICERS

<u>NAME</u>	<u>TITLE</u>	<u>BUSINESS ADDRESS</u>
Mario Sbarro	President / Chairman	401 Broadhollow Road Melville, NY 11747
Anthony Sbarro	Treasurer/ Director	401 Broadhollow Road Melville, NY 11747
Joseph Sbarro	Senior Executive VP & Secretary / Director	401 Broadhollow Road Melville, NY 11747
Carmela N. Merendino	Vice-President & Asst. Secretary	401 Broadhollow Road Melville, NY 11747
Steven B. Graham	Controller	401 Broadhollow Road Melville, NY 11747
Adele Geller	Asst. Vice President of Taxation	401 Broadhollow Road Melville, NY 11747