Apr 01, 1999 8:00 am Secretary of State

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

1999	OD WE	NE.	DIVISION OF CORPORATIONS				04-01-1999 90016 005 ***150.00
MENT #	F40251				-		
RESTAURAN	IT, INC.		-				
ce of Business		M	ailing Address				
Т		C	O SERIO & ASSOCIATES	i. INC.			
ORLANDO FL 32801 US			611 WYMORE RD., STE. 206				
		W	NTER PARK FL 32789				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed 06/10/1981
Place of Business		22	Mailing Address				4. FEI Number Applied For
		$\vdash$					59-2129678 Not Applicable
#, etc.		120	Suite, Apt. #, etc.				\$8.75 Additional
•		27					5. Certificate of Status Desired Fee Required
te		Τ΄	City & State		_		6. Election Campaign Financing 55.00 May Be
		28					Trust Fund Contribution Added to Fees
	Country		Zip	Co	untry	'	This corporation owes the current year Intangible
25	·	29		30		<del>-</del>	Personal Property Tax.   ✓ Yes  No
9. Name and	Address of Curren	t Regi:	stered Agent		04	Mana	10. Name and Address of New Registered Agent
PPELLI SAM					"	Name	·
					82	Street A	ddress (P.O. Box Number is Not Acceptable)
					92	<u> </u>	
C 111/11/11   C 02.					03		
					84	City	FL 85 Zip Code
registered agent.	or both, in the State	of Flori	da. Such change was at	uthorize	d by	the corpor	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
an iai iiiaa mui, a	nd goodpt the obligat		, 0000011 001.0000, 1 101	ida Oto		•	
Signature, typed or pri						nt signature req	
DD.	OFFICERS AN	D DIRI		-		<del>- 1</del>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	ALA	-	C) accese	·   '		.~	Cottaine (1 Audition)
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EVIVE MIVILLE	<u> </u>		[] DELETE	_		I-ZIP	☐ Change ☐ Addition
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-				321	AME	[	
				3.3 8	TREET	ADDRESS	
i				3.4. (	CITY-S	T-ZIP	
l .				4.1 TITLE			
<del> </del>	<del> </del>		☐ DELETE	4.1 T	ITLE	]	☐ Change ☐ Addition
	·		DELETE		ITLE NAME		☐ Change ☐ Addition ☐
		-	DELETE	4.21	NAME	r ADDRESS	☐ Change ☐ Addition
			☐ DELETE	4. 2 I 4.3 S	NAME		☐ Change ☐ Addition ☐ Change ☐ Addition
	MENT # n Name RESTAURAN se at Business T 32801 Place of Business #, etc. te  25 9. Name and PPELLI, SAM WESTWIND DF E MARY FL 32 to the provisions registered agent, am familiar with, a Signature, typed or pri PD FILIPPELLI, S 383 WESTWII LAKE MARY	MENT # F40251 RESTAURANT, INC.  Re of Business T32801  Place of Business #, etc.  te  Country 25 9. Name and Address of Current  PPELLI, SAM WESTWIND DR. E MARY FL 32746  Ito the provisions of Sections 607.050; registered agent, or both, in the State of am familiar with, and accept the obligat  Signature, typed or printed name of registered agen  OFFICERS AN PD FILIPPELLI, SAM 383 WESTWIND DR LAKE MARY FL	MENT # F40251 RESTAURANT, INC.  Re of Business M 32801 61 WI  Place of Business 2a 26 #, etc.  To Country 29 9. Name and Address of Current Registered agent, or both, in the State of Floriam familiar with, and accept the obligations of Signature, typed or printed name of registered agent and title OFFICERS AND DIRE  PD FILIPPELLI, SAM 383 WESTWIND DR LAKE MARY FL	MENT # F40251 RESTAURANT, INC.  De of Business  The control of Business  Place of Business  Delace of Busi	MENT # F40251  RESTAURANT, INC.  De of Business	MENT # F40251 n Name RESTAURANT, INC.  De of Business T C/O SERIO & ASSOCIATES, INC. 32801 SIT WYMORE RD. STE 206 WINTER PARK FL 32789  Place of Business  Za. Mailling Address Z	MENT # F40251  RESTAURANT, INC.  De of Business  Mailing Address  C/O SERIO & ASSOCIATES. INC. 511 WYMORE RD. STE. 206 WINTER PARK FL 32789  Place of Business  2a. Mailing Address 28  Suite, Apt. #, etc.  27  Le  City & State 28  Country  25  9. Name and Address of Current Registered Agent  PPELLI, SAM WESTWIND DR. E MARY FL 32746  81 Name  RESTAURANT, INC.  81 Name  82 Street A  83 A City  A City  A Street A  B City  DELETE  1.1 TILE  1.2 NAME  3.3 STREET ADDRESS  1.4 CITY-ST-ZIP  1.5 TILE  2.2 NAME  2.3 STREET ADDRESS  1.4 CITY-ST-ZIP  1.5 TILE  2.1 TILE  3.1 TILE  4.1 TILE  4.1 TILE  4.1 TILE  4.1 TILE  4.1 TILE  4.1 TILE  4.

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 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, with appears like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE: \_

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

423 2835

Change

☐ Addition