

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F71070** (9)  
1. Corporation Name  
**PAOLO'S ITALIAN KITCHEN, INC.**



Principal Place of Business <b>476 BALLARD DRIVE MELBOURNE FL 32935</b>	Mailing Address <b>476 BALLARD DRIVE MELBOURNE FL 32935</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>964 S. HARBOR CITY BLVD</b> Suite, Apt. #, etc. 22 City & State 23 <b>MELBOURNE, FL</b> Zip 24 <b>32901</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>635 BREVARD AVE</b> Suite, Apt. #, etc. 27 City & State 28 <b>COCOA, FL</b> Zip 29 <b>32922</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>03/16/1982</b>	4. FEI Number <b>59-2162588</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**BATTISTELLI, BEVERLY  
801 SUNSET DRIVE  
MELBOURNE FL 32935**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS

TITLE	<b>PSTD</b>	<input type="checkbox"/> DELETE
NAME	<b>BATTISTELLI, PAOLO</b>	
STREET ADDRESS	<b>801 SUNSET DR.</b>	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GILES, JD</b>	
STREET ADDRESS	<b>958 N COCOA BLVD, 1119</b>	
CITY-ST-ZIP	<b>COCOA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>J. D. GILES</b>
2.3 STREET ADDRESS	<b>635 BREVARD AVE.</b>
2.4 CITY-ST-ZIP	<b>COCOA, FL 32922</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>BEVERLY BATTISTELLI</b>
3.3 STREET ADDRESS	<b>801 SUNSET DRIVE</b>
3.4 CITY-ST-ZIP	<b>MELBOURNE, FL, 32935</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 any attachment with an address.

CR2E034 (10/97)