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

PROFIT **CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F84006

LUIGI'S ITALIAN AMERICAN RESTAURANT INC

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90005 015 ***150.00

	WALL WOOM A LIEU	INOUNNI, INC.				
Principal	Place of Business				an ann an a	il Bibli bibli bibli dibi
		Mailing Address			<i>8)(8)() 8)</i> 8) 8) 8)	
5912 UNIVE	% LOUIS RIELLI 5912 UNIVERSITY BLVD. WEST JACKSONVILLE FL 32216 ### LOUIS RIELLI 5912 UNIVERSITY BLVD. ####################################				arcı arası 950ti 8101	in menet ninte Ment 1861
SHOKSONY	ILLE FL 32216	JACKSONVILLE FL 3221	6 WEST	DO NOT WRITE	IN THE CO.	
				Date Incorporated or Qualifed	IN THIS SPAC	<u>E</u>
	al Place of Business	2a Moiling Add		05/26/1982		
21		2a. Mailing Address		4. FEI Number		
	Apt. #, etc.	Suite, Apt. #, etc.		<u>59-226</u> 7139	<u> </u>	Applied For
22		27				Not Applicable
City & S	State	City & State	<u> </u>	5. Certifcate of Status Desired	ጋ ቅ ዕ.	75 Additional ee Required
23		28		6. Election Campaign Financing		
Zip	Country	Zip	Country	Trust Fund Contribution] 45 .	.00 May Be ded to Fees
24	25	20	30	8. This corporation owes the current	vear Intangible	ded to rees
 	9. Name and Address of Curre	nt Registered Agent			™ ∨oo	
RIF	ELLI, LOUIS		81 Name	10. Name and Address of New Regi	stered Agent	
59	12 UNIVERSITY BLVD WEST		I Name			
IAI	CKSONVILLE FL 32216		82 Street A	ddress (P.O. Box Number is Not Acceptable)		
امر	CROUNVILLE FL 32216			——————		
ļ			83			
			84 City			
11. Pursuan	nt to the provisions of Sections 607,050	2 and 607 1509 Florid - 01	1 1 -	orporation submits this statement for the purporation's board of directors. I hereby accept the	E1 85 Z	Zip Code
agent. I	registered agent, or both, in the State am familiar with, and accept the obligat	of Florida. Such change was a	tes, the above-named co	prporation submits this statement for the number	OSE of oboacin-	
SIGNATURE	: and accept the obligation	tions of, Section 607.0505, Flo	orida Statutes.	orporation submits this statement for the purporation's board of directors. I hereby accept the	appointment as	registered
	Signature, typed or printed name of registered agen					
12.	OFFICERS ANI	D DIRECTORS (NOTE	Registered Agent signature requ	ired when reinstating)	ITE	{
TITLE	VPS	DELETE	13.	ADDITIONS/CHANGES TO OFFICER	20 AND DIDEO	
NAME	RIELLI, MILDRED D		1.1 TITLE		Chang	
STREET ADDRESS			1.2 NAME		[Cliarig	e Addition
CITY-ST-ZIP	JAX, FL 00000		1.3 STREET ADDRESS			}
TITLE	PT		1.4 CITY-ST-ZIP			ľ
NAME	RIELLI, LOUIS M	☐ DELETE	2.1 TITLE			
STREET ADDRESS	4342 ARCH CREEK DRIVE		2.2 NAME		☐ Change	e
CITY-ST-ZIP	JAX, FL 00000		2.3 STREET ADDRESS			}
TITLE			2.4 CITY-ST-ZIP			
NAME		_ DELETE	3.1 TITLE			
STREET ADDRESS			3.2 NAME		☐ Change	Addition
CITY-ST-ZIP			3.3 STREET ADDRESS	·		
TITLE			3.4. CITY-ST-ZIP			ſ
NAME		☐ DELETE	4.1 TITLE			
STREET ADDRESS			4. 2 NAME		Change	☐ Addition
CITY-ST-ZIP			4.3 STREET ADDRESS			ſ
TITLE			4.4 CITY-ST-ZIP			ļ
NAME		☐ DELETE	5.1 TITLE			
STREET ADDRESS			5.2 NAME		☐ Change	☐ Addition
CiTY-ST-ZIP			5.3 STREET ADDRESS			
TITLE			5.4 CITY-ST-ZIP			1
NAME		☐ DELETE	6.1 TITLE			
STREET ADDRESS			6.2 NAME		☐ Change	Addition
CITY-ST-ZIP			6.3 STREET ADDRESS			1
	tify that the information supplied with the	in fill—	6.4 CiTY-ST-ZIP	•		

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 effect 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 13 if changed, or on an attachment with an address, with all other like empowered.

(904) 731-0338