

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F94000001400 (0)**

1. Corporation Name

**PASTA BOWL INTERNATIONAL, INC.**



Principal Place of Business

**201 W. FIRST ST.  
SANFORD FL 32771**

Mailing Address

**201 W. FIRST ST.  
SANFORD FL 32771**

3. Date Incorporated or Qualified

**03/18/1994**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

4. FEI Number

**59-3219412**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POPE, NICHOLAS A  
215 N. EOLA DR.  
ORLANDO FL 32801**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and the corporation

Signature, typed or printed name of registered agent and the corporation

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	11 TITLE	
NAME	PAULUCCI, JENO F	12 NAME	
STREET ADDRESS	201 W. FIRST ST.	13 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32771	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	
NAME	NELSON, LARRY W	22 NAME	
STREET ADDRESS	201 W. FIRST ST.	23 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32771	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	
NAME	COLEMAN, BRUCE E	32 NAME	
STREET ADDRESS	525 LAKE AVE., SOUTH	33 STREET ADDRESS	
CITY-ST-ZIP	DULUTH MN 55802	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	
NAME	PAULUCCI, LOIS M	42 NAME	
STREET ADDRESS	201 W. FIRST ST.	43 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32771	44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Larry W. Nelson VP*

**Larry W. Nelson VP**

**407-328-0043**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

CR2E034 (12/95)