SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

APPROVED AND FILED

1997 JUL 30 PM 12: 414

DOCUMENT # F9400006377 (5) ITALIAN FISHERMAN, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
TITALITY	i i i i i i i i i i i i i i i i			 	68 88 8 8 8
Principal Place of Business Mailing Address					
61 LAKESIDE		61 LAKESIDE DR.			
BEMUS POINT NY 14712 BEMUS POINT NY 14712				DO NOT WRITE I	N THIS SPACE
				3. Date Incorporated or Qualified	3a. Date of Last Report
				12/14/1994	02/09/1996
2. Principal Place of Business		2a. Mailing Address 26 POS 1250		4. FEI Number	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		16-1181074	CO 75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State 28 RPMUS PT NY		6. Election Campaign Financing	\$5.00 May Be
Z ip	Country	28 18 11 100 P	Country	Trust Fund Contribution 8. This corporation owes or has paid	Added to Fees
24	25		30 1.HAVT.	Personal Property Tax due June 3	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Reg	istered Agent
DALPRA, DANIEL L 81 Name					
			82 Street Add	Address (P.O. Box Number is Not Acceptable)	
SARASOTA FL 34233			83		
			04 05		11 -0 0-4
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statute of Florida, Such change was a	s, the above-named corputations above-	poration submits this statement for the pution's board of directors. I hereby accept	rpose of changing its registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flor	rida Statutes.	,	The appearance of the second
SIGNATURE Signature, typed or pointed name of registered agent and title if applicable (NOTE Registered Agent signature require				red when reinstating)	DATE
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICE	
TATLE	PD	☐ DETE1E	1.1 TITLE		Change Addition
NAME	DALPRA, DANIEL L		1.2 NAME		
STREET ADDRESS	4901 FALLCREST CIR.		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	SARASOTA FL 34233 ST	DELETE	1.4 City-St-ZiP		Change Addition
NAME	DALPRA, SUSAN J		2.1 IIILE 2.2 NAME		C Cusulae C Vacution
STREET ADDRESS	4901 FALLCREST CIR.		2.3 STREET ADDRESS		·
CITY-ST-ZIP	SARASOTA FL 34233		2 4 Crty-St-Zip		
TITLE	574040	DELETE	3.1 TITLE		Change * Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETÉ	4.1 TITLE	3000022	57569 IA6
NAME			4. 2 NAME	-08/05/9	3701012022
STREET ADDRESS			4.3 STREET ADDRESS	****165	5.00 ****165.00
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		Dicheren Dadisin
TITLE		L.J DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		•
TITLE	<u></u>	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		_	6.2 NAME		- (1)
STREET ADORESS			6.3 STREET ADDRESS		~\293019 1
CITY-ST-ZIP			6.4 CITY - ST - ZIP		/I(~)

14. I do 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 faceiver 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.

COMBINE

7/00/00

214/78/2000





45 Lakeview Avenue . P.O. 80x 849 . Jamestown, New York 14702-0849 (716) 664-9552 . FAX (716) 483-0557

John B. Lloyd, CPA *
Charles M. Culhane, CPA
Robert J. Gunderson, CPA

* Also certified in Pennsylvania

David P. Smolarek, CPA Timothy R. Thomas, CPA

July 23, 1997

Florida Dept. of State Division of Corporations Corporation Annual Report P.O. Box 1500 Taliahassee, FL 32302-1500

RE: ITALIAN FISHERMAN, INC. ID#: 16-1181074

Dear Sir/Madam:

Our above referenced client has forwarded your notice (copy enclosed) to us for our response.

The above referenced taxpayer is a NYS Corp. qualified to do business in Florida since 12/14/94. The Corporation Annual Report was timely filed for 1995 and 1996. The taxpayer resides in Florida during the first three months of the year and has their mail forwarded down there from New York. They did not receive the first notice for filing the 1997 Corporation Annual Report.

We, as their tax preparers, assumed they had filed the form since the return only requires a signature and not any financial information. The taxpayer's Federal and State income tax returns had been extended and therefore, they assumed this form had been extended also. We respectfully request that the penalty be abated due to the misunderstanding and unintentional late filing.

If you have any questions, please contact us.

Very truly yours,

LLOYD and COMPANY, CPA, P.C.

Theresa Harman