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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G25128** (1)

1. Corporation Name

FRANCESCO ITALIANO RESTAURANT, INC.



Principal Place of Business

**4901 LAKE CECILE DR
KISSIMMEE FL 34746
US**

Mailing Address

**4901 LAKE CECILE DR
KISSIMMEE FL 34746
US**

3. Date Incorporated or Qualified

02/22/1983

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

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**D'AMICO, JOSEPHINE M.
4901 LAKE ECILE DR
KISSIMMEE FL 34746**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **S**
D'AMICO, JOSEPH
STREET ADDRESS **5035 WARRIOR LANE**
CITY-ST-ZIP **KISSIMMEE, FL 00000**

TITLE ☐ DELETE

NAME **P**
D'AMICO, JOSEPHINE
STREET ADDRESS **4901 LAKE CECILE DR**
CITY-ST-ZIP **KISSIMMEE, FL 00000**

TITLE ☐ DELETE

NAME **DT**
INCATASCIATO, AGRIPPINO
STREET ADDRESS **4921 LAKE CECILE DR**
CITY-ST-ZIP **WINCHESTER, MA 00000**

TITLE ☐ DELETE

NAME **DV**
INCATASCIATO, MARIA A
STREET ADDRESS **4921 LAKE CECILE DR**
CITY-ST-ZIP **WINCHESTER, MA 00000**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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*****200.00**

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:

Josephine D'Amico
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 28, 1996 (407) 396-6398
Date Daytime Phone

CR2E034 (12/95)