

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

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90029 012 ***150.00

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DOCUMENT # G25128

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/22/1983

4. FEI Number

59-2258608

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 4920 W. IRLO BRONSON MEM HWY

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 KISSIMMEE, FLORIDA

City & State

28

Zip

24 34746

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

Typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**S
D'AMICO, JOSEPH
5035 WARRIOR LANE
KISSIMMEE, FL 00000**

TITLE ☐ DELETE

**P
D'AMICO, JOSEPHINE
4901 LAKE CECILE DR
KISSIMMEE, FL 00000**

TITLE ☐ DELETE

**DT
INCATASCIATO, AGRIPPINO
4921 LAKE CECILE DR
WINCHESTER, MA 00000**

TITLE ☐ DELETE

**DV
INCATASCIATO, MARIA A
4921 LAKE CECILE DR
WINCHESTER, MA 00000**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 an attachment with an address, with all other like empowered.

SIGNATURE:

Josephine M. D'amico

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/17/99

Date

(407) 396-6398

Daytime Phone #

CR2E034 (1/98)