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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G33464 (0)

BELLA ITALIA PIZZERIA AND RESTAURANT, INC.

## FILED Jan 29 1998 8:00am Secretary of State

BELLA ITALIA PIZZERIA AND RESTAURANT, INC.									
Principal Plac	ce of Business	Mailing Address					H 0100 0100 011	11) #10   (B#)	
10801 STARK	10801 STARKEY RO	ΔD							
SUITE 7 SUITE 7				22					
LARGO FL 34647 33777 LARGO FL 34647- 3			337	3フフフ		DO NOT WRITE IN THIS SPACE			
ļ						3, Date Incorporated or Qualified		ļ	
B Principal C	liana of Business	2a, Mailing Address				04/14/1983 4. FEI Number			
2. Principal Place of Business 2a. Mailing Address 21						59-2309654	<del></del>	optied For	
Suite, Apt.	Suite, Apt. #, etc.	ite. Apt. #. etc.				<del></del>	lot Applicable Additional		
22 27						5. Certificate of Status Desired		Required	
City & State City & S			State			6. Election Campaign Financing	\$5.00	May Be	
23		28	28			Trust Fund Contribution		to Fees	
Zîp	Country Zip Co		untry		8. This corporation owes or has paid the current year Intangible				
24	25 29 30		30			Personal Property Tax due June 30. Yes No		☐ No	
	g. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered	Agent		
	MELLO, PIA			81 Nam	ne				
10801 STARKEY ROAD SUITE 7				<b>82</b> Stre	et Addres	ess (P.O. Box Number is Not Acceptable)			
LARGO FL 33777				83					
D 1100 1 L 00///				84 City	14 City   85   Zip Code			Code	
				i I		F <u></u>	_     `		
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.									
agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE									
12.	Signature, typed or printed name of registered a	IND DIRECTORS	(NOTE, Registere	d Agent signa	ture required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12	
TITLE	DP	DELETE		TLE	I	ADDITIONAL TANGENTO OF TO CHARLES	Change	Addition	
NAME	VITIELLO, SILVERIO		1.2 N	1.2 NAME					
STREET ADDRESS	9650 LEEWARD AVE, N		1.3 STF		s			1	
CITY-ST-ZIP	LARGO FL	LARGO EL		1.4 CITY - ST - ZIP					
TITLE	DV	DELETE					Change	Addition	
NAME	VITIELLO, PIA		2.2 N	AME					
Street address	9650 LEEWARD AVE. N.		2.3 \$	TREET ADDRES	s				
CITY-ST-ZIP	LARGO FL		2,40	ITY-ST-ZIP					
TITLE	DV	DELETE	3.1 Ti				Change	Addition	
NAME	VITIELLO, JOHN		3.2 N	AME					
STREET ADDRESS	9650 LEEWARD AVENUE N		3.3 S	REET ADDRES	s			ì	
CITY-ST-ZIP	LARGO FL		3.4. 0	ITY-\$T-ZIP					
TITLE		DELETE	4,1 Ti	TLE		,	Change	Addition	
NAME			4.21	AME					
STREET ADDRESS			4.3 S	reet addres	s				
CITY-ST-ZIP			4.4 C	4.4 CITY-ST-ZIP					
TITLE		DELETE	5.1 TI	TLE			Change	Addition	
NAME			5.2 N	5.2 NAME					
STREET ADDRESS			5.3 \$1	REET ADDRES	s				
CITY - ST - ZIP			5.4 CI	TY-S'[-ZIP				<u>,,,,</u>	
TITLE		DELETE	6.1 Tr	TLE			Change	Addition	
NAME .			6.2 N	ME	-			1	
STREET ADDRESS			6.3 S	REET ADDRES	\$				
CITY-ST-ZIP				TY-ST-ZIP					
14. I hereby o	certify that the information supplied	with this filing does not qual	ify for the exe	emption sta	ated in Se	ection 119.07(3)(i), Florida Statutes. I further c	ertify that the	information	

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.

SIGNATURE:

& GHILLESTEQUERA VITIENTO

1-23-98 397-90