

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G36327** (6)

1. Corporation Name
BIAGIO'S, INC.

Principal Place of Business

362 COMMERCE WAY
SUITE 116
LONGWOOD FL 32750
US

Mailing Address

362 COMMERCE WAY
SUITE 116
LONGWOOD FL 32750
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/29/1983** 3a. Date of Last Report **04/01/1994**

4. FEI Number **59-2360071** 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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

SCHIANO, BIAGIO
502 RIVIERA DR
ALTAMONTE SPRINGS FL 32701

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **SCHIANO, BIAGIO**
STREET ADDRESS **502 RIVIERA DR**
CITY-ST-ZIP **ALTAMONTE SPRGS, FL00000**

1.1 TITLE **President, Director, Secretary** Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D**
NAME **SPINELLI, TORIA**
STREET ADDRESS **572 JOHN PATH AVE**
CITY-ST-ZIP **ST-PETERSBURG FL**

2.1 TITLE **Vice President** Change Addition
2.2 NAME **Luana Moc Tran**
2.3 STREET ADDRESS **1181 Lazy Hollow Pl.**
2.4 CITY-ST-ZIP **Winter Park, FL 32792**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE **Treasurer** Change Addition
3.2 NAME **Keith Lehmann**
3.3 STREET ADDRESS **659 Killian Cir.**
3.4 CITY-ST-ZIP **Deltona, FL 32738**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

Keith Lehmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95
Date

830-5358
Licenses #