FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY 22 AM 10: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J24379 (6)

1. Corporation Name

PASTA GARDENS OF MANDARIN, INC.

Principal Place of Business	Mailing Address
9826 SAN JOSE BLVD. JACKSONVILLE FL 32257-5438	2413 NE 19TH DR GAINESVILLE FL 33609 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/15/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2731272 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

D'ALTO, PAUL
3005 S.W. 70TH LANE
GAINESVILLE FL 32608

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PV	1 TITLE	President ☒ Change ☐ Addition
NAME	D'ALTO, PAUL	1 NAME	
STREET ADDRESS	3005 S.W. 70TH LANE	1 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	1 CITY-ST-ZIP	
TITLE	V	2 TITLE	☐ Change ☐ Addition
NAME	D'ALTO, ANTHONY	2 NAME	
STREET ADDRESS	47 CHARCOAL HILL RD.	2 STREET ADDRESS	
CITY-ST-ZIP	WEST PORT CT	2 CITY-ST-ZIP	
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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)(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: Paul D'Alto MAY-15-95 904-372-7720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0034031 CP

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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

[illegible] MAY 15

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J25814** **(1)**

1. Corporation Name
NI-COR FINANCE COMPANY, INC.

Principal Place of Business	Mailing Address
1404 S 28TH ST FT PIERCE FL 34947	1404 S 28TH ST FT PIERCE FL 34947

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/24/1986**
3a. Date of Last Report: **04/26/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # or rm. — 22 / 27
City & State — 23 / 28
Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: **59-2737224** ☐ 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. The corporation has [illegible] for changing tax under S. 190.007 Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KNAPP, JOHN
1404 S 28TH ST
FT PIERCE FL

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: [illegible] (If changing Registered Agent, Registered Agent must sign.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE 02 NAME 03 STREET ADDRESS 04 CITY, ST, ZIP	PSTD KNAPP, JOHN 1404 S 28TH ST FT PIERCE FL	01 TITLE 02 NAME 03 STREET ADDRESS 04 CITY, ST, ZIP	☐ Change ☐ Addition
05 TITLE 06 NAME 07 STREET ADDRESS 08 CITY, ST, ZIP		05 TITLE 06 NAME 07 STREET ADDRESS 08 CITY, ST, ZIP	☐ Change ☐ Addition
09 TITLE 10 NAME 11 STREET ADDRESS 12 CITY, ST, ZIP		09 TITLE 10 NAME 11 STREET ADDRESS 12 CITY, ST, ZIP	☐ Change ☐ Addition
13 TITLE 14 NAME 15 STREET ADDRESS 16 CITY, ST, ZIP		13 TITLE 14 NAME 15 STREET ADDRESS 16 CITY, ST, ZIP	☐ Change ☐ Addition
17 TITLE 18 NAME 19 STREET ADDRESS 20 CITY, ST, ZIP		17 TITLE 18 NAME 19 STREET ADDRESS 20 CITY, ST, ZIP	☐ Change ☐ Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP	☐ Change ☐ Addition

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)(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 1 or Block 12 if changed, or on an attachment with an address.

SIGNATURE: John M Knapp - Pres. 5/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — TITLE — DATE

0382401 CP