

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K32793** (7)
1. Corporation Name
CRESCENZI PASTA CORP.



Principal Place of Business: **2075 N.E. INDIAN RIVER DRIVE JENSEN BEACH FL 34957**
Mailing Address: **2075 N.E. INDIAN RIVER DRIVE JENSEN BEACH FL 34957**

3. Date Incorporated or Qualified: **09/12/1988**
3a. Date of Last Report: **03/03/1995**

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25** MARTIN
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30** MARTIN
4. FEI Number: **65-0078731**
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

9. Name and Address of Current Registered Agent: **CRESCENZI, WALTER 2075 N.E. INDIAN RIVER DRIVE JENSEN BEACH FL 34957**
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRESCENZI, WALTER	1.2 NAME	
STREET ADDRESS	23172 OLD INLET BRIDGE DRIVE	1.3 STREET ADDRESS	2075 NE INDIAN RIVER DRIVE
CITY-ST-ZIP	BOCA RATON FL 33433	1.4 CITY-ST-ZIP	JENSEN BEACH FL 34957
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROKE, JOHN M	2.2 NAME	
STREET ADDRESS	913 TERRACE ROAD	2.3 STREET ADDRESS	2075 NE INDIAN RIVER DRIVE
CITY-ST-ZIP	STUART FL 34982	2.4 CITY-ST-ZIP	JENSEN BEACH FL 34957
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROKE, JOSEPH F	3.2 NAME	
STREET ADDRESS	913 TERRACE ROAD	3.3 STREET ADDRESS	2075 NE INDIAN RIVER DRIVE
CITY-ST-ZIP	STUART FL 34982	3.4 CITY-ST-ZIP	JENSEN BEACH FL 34957
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	TREASURER
STREET ADDRESS		4.3 STREET ADDRESS	ROBERT MUZZO
CITY-ST-ZIP		4.4 CITY-ST-ZIP	2075 NE INDIAN RIVER DRIVE
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **ROBERT S. MUZZO** **TREAS.** **3-17-96** **407-225-0700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)