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**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90151 003 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **K32793**

1. Corporation Name  
**CRESCENZI PASTA CORP.**



DO NOT WRITE IN THIS SPACE

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**  
 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 owes the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, Apt. #, etc., City & State, and Zip & Country.

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: **ROBERT S MUZZO**  
 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: *Robert S Muzzo* **ROBERT S. MUZZO** **3-1-99**  
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: <b>P</b>	<input type="checkbox"/> DELETE
NAME: <b>CRESCENZI, WALTER</b>	
STREET ADDRESS: <b>2075 NE INDIAN RIVER DR</b>	
CITY-ST-ZIP: <b>JENSEN BCH FL</b>	
TITLE: <b>V</b>	<input type="checkbox"/> DELETE
NAME: <b>CROKE, JOHN M</b>	
STREET ADDRESS: <b>2075 NE INDIAN RIVER DR</b>	
CITY-ST-ZIP: <b>JENSEN BCH FL</b>	
TITLE: <b>S</b>	<input type="checkbox"/> DELETE
NAME: <b>CROKE, JOSEPH F</b>	
STREET ADDRESS: <b>2075 NE INDIAN RIVER DR</b>	
CITY-ST-ZIP: <b>JENSEN BCH FL</b>	
TITLE: <b>T</b>	<input type="checkbox"/> DELETE
NAME: <b>MUZZO, ROBERT</b>	
STREET ADDRESS: <b>2075 NE INDIAN RIVER DR</b>	
CITY-ST-ZIP: <b>JENSEN BCH FL</b>	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: <b>OFFICER/DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME:	
1.3 STREET ADDRESS:	
1.4 CITY-ST-ZIP:	
2.1 TITLE: <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME:	
2.3 STREET ADDRESS:	
2.4 CITY-ST-ZIP:	
3.1 TITLE: <b>OFFICER/DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-ST-ZIP:	
4.1 TITLE: <b>SECRETARY/TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Robert S Muzzo* **ROBERT S. MUZZO** **3-1-99** **561-225-0700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)