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

PROFIT CORPORATION ANNUAL REPORT



Signature, byteo or printed name of registerest agent and tribility of a large

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT #

(7)

Mailing Address

1. Corporation Name

Principal Place of Business

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

GIO'S CAFE CLUB, INC.

2004 DURHAM TAMPA FL 33605 US		% JOSEPH CAPITANO JR PO BOX 5238 TAMPA FL 33675 US			Date of Last Report 06/05/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2919104	Applied For Not Applicable	
Suite, Apt #, etc.		26		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Flection Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country		7ip			8. This corporation has liability for intangible tax under s 199.032, Fiorida Statutes Yes No	
24	g. Name and Address of Cu	11		Τ	10. Name and Address of New Register	red Agent
	g. Name and Address of Co	ment negistered Agent		81 Name	0	
CAPITANO, JR. J 2004 DURHAM ST			82 Street Address (P.O. Box Number is Not Acceptable) 83			
TAMPA	FL 33675			63		R5 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.

13.

(NOTE Projectored Agent separation required when reliestatings

OFFICERS AND DIRECTORS **K** X Change 12. Add:tion DELETE 1 1 TITLE TITLE 12 NAME CAPITANO, JOSEPH JR NAME 4133 RIVERVIEW AVE 1.3 STREET ADDRESS 2004 DURHAM STREET STREET ADDRESS TAMPA FL 1.4 CHTY - ST - ZIF TAMPA, FL 33605 ☐ Addition CITY-ST-ZiP [Change DELETE 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 24 CITY - ST - ZIF ☐ Change Addition CITY - ST - ZIP DELETE 3 1 T:TLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - S1 - ZIP ☐ Addition CITY - ST - 7iP Change DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS

44 CITY ST-ZIP

5.3 STREET ADORESS

6.3 STREET ADDRESS

5.4 CITY-ST ZIP

5 1 TritE

5.2 NAME

6 1 TIFLE

6.2 NAME

6 4 C:TY - 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:

DELETE

DELETE

4.9-96 2474731

☐ Change

Change

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

CR2E034 (12/95)

☐ Addition

☐ Addition