

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K48504 (0)
1. Corporation Name
CULINARY CONCERNS, INC.



Principal Place of Business

% RAINER M. DRYGALA
423 S.W. 34TH STREET
CAPE CORAL FL 33914

Mailing Address

% RAINER M. DRYGALA
423 S.W. 34TH STREET
CAPE CORAL FL 33914

3. Date Incorporated or Qualified 11/23/1988	3a. Date of Last Report 03/17/1995
4. FEI Number 65-0096652	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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DRYGALA, RAINER M.
423 S.W. 34TH STREET
CAPE CORAL FL FL 33914**

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 the corporation)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	LAVALLE, LUIGI J.	1.2 NAME	
STREET ADDRESS	2889 RATTERMAN AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	COLLUCCI, JOHN	2.2 NAME	
STREET ADDRESS	57 CLEVELAND WAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	HYANNIS MA	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	DRYGALA, RAINER M.	3.2 NAME	
STREET ADDRESS	423 S.W. 34TH ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL FL	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	OBERTING, CHUCK	4.2 NAME	
STREET ADDRESS	6851 SPRING CREST CIR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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: *Luigi J. LaValle* **LUIGI J LAVALLE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/96
Date

513-662-7326
Daytime Phone #

CR2E034 (12/95)