

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 # **K63327** (6)

1. Corporation Name

STEVE'S ITALIAN KITCHEN, INC.

Principal Place of Business

**PORTMAN PLAZA, STE. 306
2085 STATE ROAD 3
ST. AUGUSTINE FL 32084**

Mailing Address

**PORTMAN PLAZA, STE. 306
2085 STATE ROAD 3
ST. AUGUSTINE FL 32084**



3. Date Incorporated or Qualified

02/06/1989

3a. Date of Last Report

04/14/1995

4. FEI Number

59-2927495

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAGLER, KENNETH D.
3 PALM ROW
ST AUGUSTINE FL 32085-4365**

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 registered agent, or
familiar with, and accept

2 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office
to the address authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**DT
MELNICK, STEFAN
2085 STATE ROAD 3
ST. AUGUSTINE FL**

1. 1 TITLE ☐ Change ☐ Addition

NAME

12 NAME

STREET ADDRESS

13 STREET ADDRESS

CITY - ST - ZIP

14 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

2. 1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

22 NAME

CITY - ST - ZIP

23 STREET ADDRESS

TITLE ☐ DELETE

NAME

24 CITY - ST - ZIP

STREET ADDRESS

3. 1 TITLE ☐ Change ☐ Addition

CITY - ST - ZIP

32 NAME

TITLE ☐ DELETE

NAME

33 STREET ADDRESS

STREET ADDRESS

34 CITY - ST - ZIP

CITY - ST - ZIP

4. 1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY - ST - ZIP

44 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

5. 1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

52 NAME

CITY - ST - ZIP

53 STREET ADDRESS

54 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

6. 1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

62 NAME

CITY - ST - ZIP

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this form 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; that I am 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, as changed, or in an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)