FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K63327

(6)

	S ITALIAN KITCHEN, IN				·········			
Principal Place of Business PORTMAN PLAZA, STE. 306 2085 STATE ROAD 3 ST. AUGUSTINE FL 32084		PORTMAN PI 2085 STATE	Mailing Address PORTMAN PLAZA, STE. 306 2085 STATE ROAD 3 ST. AUGUSTINE FL 32084-6536					
						 Date Incorporated or Qualifie 02/06/1989 	3a. Date of Last F 02/23/1996	Report
2. Principal P	lace of Business	2a. Mailing a	Address			4. FEI Number 59-2927495		pplied For ot Applicable
Suite, Apt. #, etc.		Suite, Aj	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional
City & State	le	27 City & S	City & State			6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution Added to Fees		
Zip 24	Country [25]	Zip			1	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
	9, Name and Address of 0			30		10. Name and Address of New		
	LER, KENNETH D.			81	Name			
	ALM ROW Augustine FL 32085-4365	:	82 Street A		Idress (P.O. Box Number is Not Acceptable)			
QI A	100001111E 1 E 02000-1000	•		83				
			84	City		FL 85 Zip	Code	
11. Pursuant	to the provisions of Sections registered agent of both in	1502 and 607.1508,	Florida Statuti	es, the abov	e-named c	corporation submits this statement for th	e purpose of changing i	its registered
orrice or r agent. La	registered agent of the in its um familiar with	r illications succeedido	607.0505. Ele	utnorized b	y the corpo	oration's board of directors. I hereby ac	cept the appointment as	registereo
SIGNATURE	Signature Annual					equired when reinstating)	73437	
12.		RS AND DIRECTORS		13.	en signature te	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTOR	RS IN 12
TITLE	DTS		DELETE	1.1 TITLE	T		☐ Change	Addition
NAME	MELNICK, STEFAN			1.2 NAME				
STREET ADDRESS	2085 STATE ROAD 3			1.3 STREE	T ADDRESS			
CITY-S1-ZIP	ST. AUGUSTINE FL			1.4 CITY - 1	ST-ZIP			
TITLE		L	DELETE	2.1 TITLE	1		L Change	Addition
NAME.				2.2 NAME				
STREET ADDRESS				2.3 STREE 2.4 CITY-	T ADDRESS			
City - St - 7IP TITLE			DELETE	3.1 TITLE	31-2Ir		Change	Addition
NAME			_	3.2 NAME	}			_
STREET ADDRESS				3.3 STREE	T ADDRESS			
CITY - ST - ZIP				3.4. CITY-	ST-ZIP			
TITLE			DELETE	4.1 TITLE			Change	Addition
NAVE		:	, ;	4. 2 NAME	. [
STREET ADORESS		•	,	4.3 STREE	T ADDRESS			
CITY - S1 - ZIP				4.4 CITY	ST-ZIP			
THE			DELETE	5 1 TITLE			☐ Change	Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREE	T ADDRESS			
CITY-ST-ZIP	1							
				5.4 CITY-	ST-ZIP			
THUE			DELETE	5.4 CITY- 6.1 TITLE	ST-ZIP		Change	Addition

63 STREET ADDRESS

6.4 CHTY - ST - ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-Z-P

14. I do 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 and cated on this annual report or supplience that an an officer of director of the corporation of the exemption of the corporation of the exemption of

FILED

Feb 03 1997 8:00am

Secretary of State