

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K83301** (7)
1. Corporation Name
RISTORANTE MONA LISA, INC.



Principal Place of Business: **% EZRA J. REGEN, 2063 MAIN STREET, SARASOTA FL 34237**
Mailing Address: **% EZRA J. REGEN, 2063 MAIN STREET, SARASOTA FL 34237**

3. Date Incorporated or Qualified: **04/25/1989**
3a. Date of Last Report: **03/17/1995**

2. Principal Place of Business (21-23) and Mailing Address (26-30) fields.
4. FEI Number: **65-0122545**
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: **REGEN, EZRA J., 2063 MAIN STREET, SARASOTA FL 34237**
10. Name and Address of New Registered Agent (81-85) fields.

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 607.0509, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. TITLE	President
NAME	GEROLMO, SAM	12. NAME	Sam Gerolmo
STREET ADDRESS	3316 MEINTOSH ROAD (McIntosh)	13. STREET ADDRESS	3316 McIntosh Road
CITY-ST-ZIP	SARASOTA FL	14. CITY-ST-ZIP	Sarasota, Fl. 34232
TITLE	V	2. TITLE	Secretary-Treasurer
NAME	KAUFFMANN, WILLIAM J	22. NAME	Jill Gerolmo
STREET ADDRESS	5168 MARSHFIELD LN	23. STREET ADDRESS	3316 McIntosh Road
CITY-ST-ZIP	SARASOTA FL	24. CITY-ST-ZIP	Sarasota, Fl. 34232
TITLE		3. TITLE	
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE		4. TITLE	
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	300001784983
CITY-ST-ZIP		44. CITY-ST-ZIP	-04/18/96--01012--027
TITLE		5. TITLE	***200.00
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		6. TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 8, 1996 (941) 377-6562
Digital Prover #

CR2E034 (12/95)

417-96 JR