

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 # 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

REGEN, EZRA J.
2063 MAIN STREET
SARASOTA FL 34237

3. Date Incorporated or Qualified
04/25/1989

3a. Date of Last Report
03/17/1995

4. FEI Number
65-0122545

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

10. Name and Address of New Registered Agent

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 for filing use (NOTE: Registered Agent Signature required when relinquishing)

DATE

12. OFFICERS AND DIRECTORS

P ☐ DELETE
TITLE
NAME GEROLMO, SAM
STREET ADDRESS 3316 MCINTOSH ROAD (McIntosh)
CITY-ST-ZIP SARASOTA FL

V ☒ DELETE
TITLE
NAME KAUFFMANN, WILLIAM J
STREET ADDRESS 5168 MARSHFIELD LN
CITY-ST-ZIP SARASOTA FL

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Sam Gerolmo
1.3 STREET ADDRESS 3316 McIntosh Road
1.4 CITY-ST-ZIP Sarasota, Fl. 34232

2.1 TITLE Secretary-Treasurer ☒ Change ☐ Addition
2.2 NAME Jill Gerolmo
2.3 STREET ADDRESS 3316 McIntosh Road
2.4 CITY-ST-ZIP Sarasota, Fl. 34232

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 300001784983
4.4 CITY-ST-ZIP -04/18/96--01012--027

5.1 TITLE ***200.00 ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 8, 1996 (941) 377-6562

CR2E034 (12/95)