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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90064 035 \*\*\*150.00

## **DOCUMENT # K91330**

1. Corporation Name

STROLLO'S CUCINA 1295, INC.

Dringinal	Place	of Business	Mailing Address					
	1		-					
% THOMA			% THOMAS R. ALLEN					
1295 E MAIN ST LAKELAND/FL 33801				1295 E MAIN ST LAKELAND FL 33801		DO NOT WRITE IN THIS SPACE		
US	DIFE 33		CARLEAND TE 33001	CARCCARD TE 30001		3. Date Incorporated or Qualifed		
00	!					05/30/1989		ĺ
			10-1-1			4. FEI Number		plied For
2. Princi	ipal Pla	ice of Business	2a. Mailing Address				<del></del>	<del></del>
21	<u> </u>	<u> </u>	26			59-2962151		t Applicable
Suite,	Apt. #	etc.	-Suite, Apt. #, etc.	· .s	5.	5. Certificate of Status Desired	40	
22	1	· -					Fee Re	equired
	State		City & State			6. Election Campaign Financing	\$5.00	May Be
23	1	28				Trust Fund Contribution	Added	to Fees
Žip	<del>†</del>	. Country Zip			Country 8. This corporation owes the current year Intangible			
24		25 29 30		LO .		· ·	∐Yes	□No
<del></del>	<del></del> -	9. Name and Address of Curi	<del></del>	<del>~</del>		10. Name and Address of New Registered A	gent	
	<del> </del>	3. Haine and Address of Cur	ent itegistered Agent		11 Name			
	SEWELL, PATRICIA L							
				8	2 Street A	eet Address (P.O. Box Number is Not Acceptable)		
1295 E. MAIN ST.								
	LAKE	LAND FL 33801		8	13			
		,		-	4 60		85 Zip	Code
	}			۱	City	FL	103 Zib	Code
14 Duna	1	the province of Sections 607.0	1502 and 607 1508 Florida Statutes	the abo	we-named co	progration submits this statement for the purpose of o	hanging its	registered
- office	O OF TO	distanced agent or both in the Sta	ate of Florida. Such change was aut	honzed t	ov the corbor	ation's board of directors. I hereby accept the appoin	tment as re	gistered
ager	ņt. I am	familiar with, and accept the obl	igations of, Section 607.0505, Florid	da Statut	es.	•		1
SIGNAT	URF	'						
	į š	Signature, typed or printed name of registered a	<u> </u>		gent signature req	uired when reinstating) DATE	NEDECT:	NDO (N) 40
12.	<u> </u>	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND		
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I		LAKELAND FL		1.4 CITY	. ST. 7IP			Ì
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CITY-ST-ZIP 14. I 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 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, of on an attachment with an address, with all other like empowered.

SIGNATURE:

3-20-99

(941)686-1295