## 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 # K99189

(8)

GUSTO'S MANAGEMENT, INC.

**FILED** 

Jan 27 1997 8:00am

Secretary of State

						-{	IKRY BARU BARU B	ARII BRAK P		
Principal Place of Business Mailing Address						1 120(2)(4 212 1Erra 1214) (154) (1512 1511 2121 2121 2121 2121 2121 212				
DELRAY BEACH FL 33483 DELRAY BEACH FL 33483-53				•						
DELHAT BEACT	n rt 33463	DECIME BENOTE FE SOMOS	3332							
						3. Date Incorporated or Qualified 06/30/1989	3a. Date of 02/13/1		port	
· ·	ace of Business	2a. Mailing Address		_		4. FEI Number		Apr	plied For	
<del></del>	ATIMOIC ANE	26 411 E. ATM	MC A	E		65-0130338		±	t Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired	□ <b>\$</b>	<b>8.75</b> A Fee Re	Additional	
City & State		City & State				A Florida Company Florida				
			ncy . To			Election Campaign Financing     Trust Fund Contribution	ing \$5.00 May Be Added to Fees			
ZID Z	Country	28 212		intry		8. This corporation has liability for in				
3348	3 P.B.	29 <b>3</b> 3483	30 6	<b>A</b>			Yes N		100.002,	
<u></u>	9. Name and Address of Current	· · · · · · · · · · · · · · · · · · ·				10. Name and Address of New Reg	Istered Ager	ıt		
BLA	CKWOOD THOMAS B			B1 Na	me					
3046 S CONGRESS AVENUE					oot Addre	ess (P.O. Box Number is Not Acceptable	۵)	<del></del>		
SUITE 205-B					oet Addre	sas (1.0. box radinber is raof Acceptable				
BOCA RATON FL 33431					***************************************					
				<b>84</b> Crt			85	Zip C	`ode	
				64	y		FL  °	1 2,00	,ode	
						oration submits this statement for the pr				
agent har	egistered agent, or both, in the State of mifamiliar with land accept the obligati	ons of Section 607.0505, Flo	utnorize rida Stat	a by the lutes.	corporation	on's board of directors. I hereby accep	тие аррони	ient as i	registered	
SIGNATURE										
	Signature: typical or provided name of registered agout			d Agent sigr	ature require	ad when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	COTOD	C IN 40	
12.	OFFICERS AND PST	DIRECTORS DELETE	13.	11.0	<del></del>	ADDITIONS/CHANGES TO OFFICE		Change	Addition	
TITLE	GUTTUSO, JAMES E.	ET beceit	1.17(					nimitye	L Addition	
NAME Arbita and ar	1 <del>771 A SAN JOSE D</del> R. 23 5 J	LAKEBHORE DAGE	1.2 N							
STREET ADDRESS		140, FL 33462		TREET ADDRI	:55					
CITY-ST-ZIP TITLE	D	DELETE	2.1 TI	ITY-ST-ZIP				Change	☐ Addition	
NAME	GUTTUSO, JAMES E.		22 N					•		
STREET ADDRESS	1771 A SAN JOSE DR. 23 S.	LAKESHORE DRIVE	1	TREET ADDRI	:00					
CITY - ST - ZIP		WKO, FL 33462	1	CITY-ST-ZIP	i					
TIFLE		DELETE	3.1 Ti					Change	Addition	
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STREET ADDRESS				TREET ADDR	ess					
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TITLE		DELETE	5.1 TI					Change	Addition	
NAME			52N	ame						
STREET ADDRESS			5.3 S	treet ador	ESS					
CITY-ST-ZIP			5.4 C	ITY-ST-ZIP		<u> </u>				
TITLE		DELETE	61TI	ITLE	-			Change	Addition	
NAME			62 N	AME						
STREET ADDRESS			63 S	TREET ADDA	FSS					
CITY-ST-ZIP			640	ITY-ST-ZIP						

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 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 12 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/97

561-278-0036

Daytime Phone #