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

**FILED PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Mar 17 1997 8:00 am Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISIÓN OF CORPORATIONS 1997 DOCUMENT # K99903 (2)PRIMO'S PASTA & RIBS, INC. Principal Place of Business Mailing Address 3580 ULMERTON ROAD 3580 ULMERTON ROAD CLEARWATER FL 34622 CLEARTWATER FL 34622-4202 3. Date Incorporated or Qualified 3a. Date of Last Report 07/05/1989 03/21/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0357882 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Žφ Country 8. This corporation has liability for intangible tax under s. 199.032, X Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DEMAS, STEVEN T 3820 W. AZEELE ST. APT 103 Street Address (P.O. Box Number is Not Acceptable) 82 14944 REATHER COVE RD 101 Sands Point Drive 83 CLEARWATER FL 34662 Cily Tierra Verde 84 Zip Code 33715 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Horida Statutes, the above-named corporation submits this slatement for the purpose of change its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Tam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Steven T. Demas SIGNATURE (NOTE Registerco Agent's gnature required when teinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. (96/6)13. DELETE TITLE 1.1 11111 **DPVTS** DEMAS, STEVEN NAME 1.2 NAME 3820 W. AZEELE 1.3 STREET ADDRESS 101 Sands Point Drive STREET ADDRESS TAMPA FL Tierra Verde, FL 33715 CITY-ST-ZIP 1.4 CHY-ST-7IP Change X DELETE Addition DVP TITLE 21 10116 DEMAS, T. 2.2 NAME NAME 627 FAYETTE DR. N. STREET ADDRESS 2.3 STREET ADDRESS SAFETY HARBOR FL CITY-ST-ZIP 2.4 CITY - ST- ZIP DELETE Addition TITLE 3.1 TITLE Change NAME 3.2 NAMI STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST- 7IP DELETE 4.1 1111 Change Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.13000 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - 7IP DELETE Addition TITLE Change 6.1 TOLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY - ST - ZIP CITY-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 eath; 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 1

Steven T. Demas

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