

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L24210** (1)

1. Corporation Name
MARTINELLI WHOLESALE, INC.



Principal Place of Business: **4373 MERCANTILE AVE NAPLES FL 33942**
Mailing Address: **4373 MERCANTILE AVE NAPLES FL 33942**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			City & State		City & State		
City & State		City & State			Zip		Zip		Country
Country		Country			Country		Country		

3. Date Incorporated or Qualified 10/19/1989	3a. Date of Last Report 02/28/1995
4. FCI Number 65-0150339	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LIEBERFARB, STANLEY J.
4001 TAMiami TRAIL NORTH
SUITE 330
NAPLES FL 33940**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, Florida Statutes, the above named corporation grants 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, Sections 607.0502, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1	D	LAGRASTA, DOMENICO	<input type="checkbox"/> DELETE
NAME		506 106TH AVE. NO.	
STREET ADDRESS		NAPLES FL	
CITY, ST, ZIP			
2	D	LAGRASTA, MARIA	<input type="checkbox"/> DELETE
NAME		506 106TH AVENUE N	
STREET ADDRESS		NAPLES FL	
CITY, ST, ZIP			
3			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
4			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
5			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY, ST, ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	
13	STREET ADDRESS	
14	CITY, ST, ZIP	
15	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16	NAME	
17	STREET ADDRESS	
18	CITY, ST, ZIP	
19	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20	NAME	
21	STREET ADDRESS	
22	CITY, ST, ZIP	
23	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24	NAME	
25	STREET ADDRESS	
26	CITY, ST, ZIP	
27	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28	NAME	
29	STREET ADDRESS	
30	CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.073(9)(k), Florida Statutes. I further certify that the information included on this annual report or supplementary 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, authorized 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: *Maia De Grasta*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-96 941-643-1566
Date Filed Date

CR2E034 (12/95)