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Apr 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L52059

(7)

1. Corporation Name

BUSGHETTI, INC.

Principal Place of Business

155 FIRST AVE  
MARCO ISLAND FL 33937

Mailing Address

950 N. COLLIER BLVD.  
SUITE #301  
MARCO ISLAND FL 34145-2716



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip 34145

Country US

24

2a. Mailing Address

c/o W.D. KRAMER

Suite, Apt. #, etc.

1838 40TH TERRACE SW

City & State

NAPLES, FL

Zip 34116

Country US

29

30

3. Date Incorporated or Qualified

02/19/1990

3a. Date of Last Report

04/26/1996

4. FEI Number

65-0171383

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

9. Name and Address of Current Registered Agent

KRAMER, WILLIAM D.  
950 N. COLLIER BLVD.  
SUITE #301  
MARCO ISLAND FL 33937-0301

10. Name and Address of New Registered Agent

81 Name

NO CHANGE

82 Street Address (P.O. Box Number is Not Acceptable)

1838 40TH TERRACE SW

83

84 City

NAPLES

FL

85 Zip Code

34116

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

*William D. Kramer*  
Signature, typed or printed name of registered agent and title if applicable

WILLIAM D. KRAMER  
(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/97

12. OFFICERS AND DIRECTORS

TITLE PST  
NAME TRAVAGLIO, RAY  
STREET ADDRESS 155 FIRST AVE.  
CITY-ST-ZIP MARCO ISLAND FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP 34145

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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 in changed, or on an attachment with an address.

SIGNATURE:

*RAY TRAVAGLIO*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

DATE

4/21/97

DAYTIME PHONE #

941-348-0272

CR2E034 (9/96)