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Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **L79429** **(1)**

1. Corporation Name
FRASCATI'S ITALIAN RESTAURANT & DELI, INC.

Principal Place of Business	Mailing Address
1258 AIRPORT RD. N. NAPLES FL 33963	1258 AIRPORT RD. N. NAPLES FL 33963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/08/1990

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

4. FEI Number: 65-0229843 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WHITING, DAVID P ESQ.
350 5TH AVE. S.
SUITE 200
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CERNIGLIA, CHARLES		1.2 NAME		
STREET ADDRESS	1085 BALD EAGLE DR, B-602		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL		1.4 CITY-ST-ZIP		
TITLE	VPTS	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	DIEBLER, CORINNE		2.2 NAME	Corrinne Diebler	
STREET ADDRESS	1480 MONARCH CIRCLE		2.3 STREET ADDRESS	7763 Naples Heritage Drive	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	Naples, FL 34112	
TITLE	TS	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	DIEBLER, CORINNE		3.2 NAME	Corrinne Diebler	
STREET ADDRESS	1480 MONARON CIRCLE		3.3 STREET ADDRESS	7763 Naples Heritage Drive	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	Naples, FL 34112	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CERNIGLIA, CATHERINE		4.2 NAME		
STREET ADDRESS	1085 BALD EAGLE DR B602		4.3 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CERNIGLIA, CHARLES SR.		5.2 NAME		
STREET ADDRESS	1085 BALD EAGLE DR B602		5.3 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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, or on an attachment with an address.

SIGNATURE: Corrinne Diebler 4/8/98 941-643-5709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #