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Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90093 020 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L79429

1. Corporation Name

FRASCATI'S ITALIAN RESTAURANT & DELI, INC.

Principal Place of Business

1258 AIRPORT RD. N.
NAPLES FL 33963

Mailing Address

1258 AIRPORT RD. N.
NAPLES FL 33963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1990

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 the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WHITING, DAVID P ESQ.

~~350 6TH AVE. S.~~

~~SUITE 200~~

~~NAPLES FL 33940~~

10. Name and Address of New Registered Agent

81 Name David A. Whiting

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

4081 Tamiami Trail North

83 Park Square, C-105

84 City Naples

FL 85 Zip Code 34103

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PS
CERNIGLIA, CHARLES
~~1085 BALD EAGLE DR, B-602~~
~~MARCO ISLAND FL~~

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VPTS
~~DIEBLER, CORINNE~~
7763 NAPLES HERITAGE DR
NAPLES FL 34112

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TS
DIEBLER, CORINNE
7263 NAPLES HERITAGE DR
NAPLES FL 34112

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
CERNIGLIA, CATHERINE
~~1085 BALD EAGLE DR B602~~
~~MARCO ISLAND FL~~

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
CERNIGLIA, CHARLES SR.
~~1085 BALD EAGLE DR B602~~
~~MARCO ISLAND FL~~

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

1723 Galloway Circle
Barrington, IL 60010

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Corinne Diebler

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

1723 Galloway Circle
Barrington, IL 60010

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

1723 Galloway Circle
Barrington, IL 60010

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Corinne Diebler

4/9/99

941-643-5709

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)