

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

FILED
Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L86402 (9)

1. Corporation Name
CESARONI'S RESTAURANT, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
10335 WELLINGTON TR A 14 W. PALM BCH FL 33414 US		7822 OAKMONT DR LAKE WORTH FL 33467	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21 13889 wellington TR	26	07/09/1990	65-0200412
22 A 14	27	5. Certificate of Status Desired <input type="checkbox"/>	Applied For <input type="checkbox"/>
23 wellington FL	28	\$8.75 Additional Fee Required	Not Applicable <input type="checkbox"/>
24 33414	29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25 U.S.	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

RODRIGUEZ, ANGELA M.
7822 OAKMONT DR
LAKE WORTH FL 33467

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, ANGELA M	
STREET ADDRESS	7822 OAKMONT DR	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	RECUPERO, THOMAS	
STREET ADDRESS	13838 BIDDLEBRUSH	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, MARK	
STREET ADDRESS	7822 OAKMONT DR	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, ANGELA M	
STREET ADDRESS	7822 OAKMONT DR	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, MARK	
STREET ADDRESS	7822 OAKMONT DR	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P Recupero Thomas
2.3 STREET ADDRESS	13125 Chadwick, Ct. 3C
2.4 CITY-ST-ZIP	Wellington FL 33414
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *Angela Rodriguez* 3-10-98 561-1641-5124

CR2E034 (10/97)