


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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90076 001 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L86402</b>			
1. Corporation Name <b>CESARONI'S RESTAURANT, INC.</b>			
Principal Place of Business <b>13889 WELLINGTON TR A 14 WELLINGTON FL 33414 US</b>		Mailing Address <b>7822 OAKMONT DR LAKE WORTH FL 33467</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>	
City & State <b>23</b>		City & State <b>28</b>	
Zip <b>24</b>		Country <b>30</b>	
Country <b>25</b>		Country <b>29</b>	
9. Name and Address of Current Registered Agent <b>RODRIGUEZ, ANGELA M. 7822 OAKMONT DR LAKE WORTH FL 33467</b>			
10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>85 Zip Code</b>			
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 if not applicable. (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	13125 CHADWICK CT. 3C		
CITY-ST-ZIP	WELLINGTON FL 33414		
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 type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
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			



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/09/1990

4. FEI Number

65-0200412

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$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

10. Name and Address of New Registered Agent

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

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:

Signature, typed or printed name of registered agent if not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DS	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODRIGUEZ, ANGELA M			1.2 NAME			
STREET ADDRESS	7822 OAKMONT DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL			1.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RECUPERO, THOMAS			2.2 NAME			
STREET ADDRESS	13125 CHADWICK CT. 3C			2.3 STREET ADDRESS			
CITY-ST-ZIP	WELLINGTON FL 33414			2.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODRIGUEZ, MARK			3.2 NAME			
STREET ADDRESS	7822 OAKMONT DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL			3.4 CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODRIGUEZ, ANGELA M			4.2 NAME			
STREET ADDRESS	7822 OAKMONT DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL			4.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODRIGUEZ, MARK			5.2 NAME			
STREET ADDRESS	7822 OAKMONT DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Daytime Phone #

*Angela Rodriguez*  
**Angela Rodriguez**  
4-25-99 (561) 641-5124

0373232

CR2E034 (11/98)