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| | 1997 | 7.7 | CORPORATIONS | Commence of the Commence of th | LED |
| DOCU | IMENT # M 2 107 | 7:0" | | 97 AUG | 22 AM 10: 51) |
| SALVATORES PIZZERIA IN | | | | i enement | |
| ۶ | ALVATORES | VILLERIA | INC | TALLAHAS | RY OF STATE ISEE, FLORIDA |
| Principal Place of Business Mailing Address | | | | 1 | |
| 21 | I NE 6TH A | IVE (| -7. ·J. | | |
| カ | ELPAN D-AC | N SI 22ND | 2 _ (-,-,,,/ | | |
| DELRAY BEACH, FL 33483-5514 | | | | 3. Date Incorporated or Qualified 3a | Date of Last Report |
| 2. Principal Place of Business 28. Majling Address | | | | 4. FEI Number | Applied For |
| al (SAME) | | 26 (SAME) | <u>. </u> | 59-2608358 | Not Applicable |
| Side. Apr #, etc. — | | Suite. Apt #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 Zip | Country | 28 Zip | Country | 8. This corporation has tiability for intend | Added to Fees |
| 24 | 25 | 29 | 30 | Florida Statutes Yes | |
| | 9. Name and Address of Curr | ent Registered Agent | 241 | 10. Name and Address of New Register | ed Agent |
| | ALVATURE MIC | ELI | B1 Name | VIA | |
| | | | 82 Street Addr | ess (P.O. Box Number is Not Acceptable) | |
| . 7 | 271 NE 6TH | HVE. | 83 | | |
| | | | 84 City | | 85 Zip Code |
| | DELRAY BEALL | | 1-1-1-7 | | |
| office or | registered agent, or both, in the Sta | ite of Florida. Such change was | authorized by the corporati | oration submits this statement for the purpos on's board of directors. I hereby accept the | e of changing its registered appointment as registered |
| _ | am familiar with, and accept the obl | igations of, Section 607.0505. F | lorida Statutes. | | |
| SIGNATURE | Signature typed or printed name of registered | | TE. Registered Agent signature require | | |
| 12. | PRES. DIRECTOR | IND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTORS IN 12 Change Addition |
| NAME | SALVATORE MIC | | 1.2 NAME | | AND DIRECTORS IN 12 Change Addition |
| STREET ADDRESS | 271 NE 671 | | 1.3 STREET ADDRESS | | Į |
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| CITY- \$1- 21 | | | 4.4 CITY - S1 - ZIP | ****16S | .00 ****165.00 |
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| TITLE | | ☐ DELETE | 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | • | 6.3 STREET ADDRESS | | |
| 14. I do heret | by certify that the information suppli | ed with this filing does not quali | 6 4 City-St-2iP | in Section 119.07(3)(i), Florida Statutes, I furt | her certify that the |
| informatio I am an o appears i | on indicated on this annual report or flicer or director of the corporation of in Block 12 or Block 13 if charged | supplemental annual report is to the receiver or trustee empoyed an an attachment will an art | true and accurate and that revered to execute this report | my signature shall have the same legal effect as required by Chapter 607, Florida Statules | as if made under oath; that ; and that my name |

SIGNATURE:

έA

MICHAEL J. DEMARIE, CPA

Certified Public Accountant

Member FICPA & AICPA

72 S.E. 6th Avenue Delray Beach, FL 33483 (561) 272-8040 Telephone (561) 272-7091 Facsimile

August 14, 1997

Florida Department of State Division of Corporations Annual Reports Section P.O. Box 1500 Tallahassee, FL 32302-1500

Re: Salvatore's Pizzeria Inc. FEIN #59-2608358

Dear Sir/Madam:

As I discussed with the Florida Department of State agent Ms. Trevor Brumbley today, the corporate officer received a second notice from the Department, for the above referenced taxpayer, but the Annual Report was filed in March 1997.

After checking the bank statement, the corporate president, Salvatore Miceli, realized that it did not clear the bank. This must have gotten lost in the mail somewhere. A copy of that check is attached. A copy of the proof of timely mailing is also attached.

We are issuing another check to you in the amount of \$165.

Please adjust your records.

Michael J. DeMarie, CPA

Salvatore's Pizzeria Inc.