**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **M25452** **(7)**

1. Corporation Name
**MONTELEONE'S ITALIAN DELI INC.**

Principal Place of Business
**10430 W. ATLANTIC BLVD.**
**CORAL SPRINGS FL 33071**

Mailing Address
**10430 W. ATLANTIC BLVD.**
**CORAL SPRINGS FL 33071**

3. Date Incorporated or Qualified: **01/07/1986**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 Monteleone's Italian Deli, Inc.
Suite, Apt #, etc.
22 Coral Springs
City & State
23 Florida
Zip 24 33071
Country 25 Broward

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29
Country 30

4. FEI Number: **59-2617327** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
**HAIMOWITZ, JANET**
**10895 N.W. 7TH STREET**
**CORAL SPRINGS FL 33065**

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | VPS ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | MONTELEONE, NICHOLAS A. | 1.2 NAME | |
| STREET ADDRESS | 10400 N.W. 8TH COURT | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL SPRINGS FL | 1.4 CITY-ST-ZIP | |
| TITLE | TP ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | MONTELEONE, ANGELA C. | 2.2 NAME | |
| STREET ADDRESS | 10400 N.W. 8TH COURT | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL SPRINGS FL | 2.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | 400001870994 |
| STREET ADDRESS | | 5.3 STREET ADDRESS | -06/21/96--01032--032 |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | ***225.00 |
| 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 | |

6-26-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:** 6/11/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Digital Proof #

CR2E034 (12/95)