

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # M71350 (6)
 1. Corporation Name
PASTA MARKET CATERING, INC.



Principal Place of Business: **C/O PAUL D'ALTO, 6419 NEWBERRY ROAD, GAINESVILLE FL 32605-4338**
 Mailing Address: **C/O PAUL D'ALTO, 2413 NE 19TH DR, GAINESVILLE FL 32609, US**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		Suite, Apt #, etc.		City & State		Zip	
Suite, Apt #, etc.		City & State		Zip		Country		Country	

3. Date Incorporated or Qualified	3a. Date of Last Report
03/03/1988	05/22/1995
4. FEI Number	Applied For
59-2902768	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**D'ALTO, PAUL
 6419 NEWBERRY ROAD
 GAINESVILLE FL 32605**

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 reappointment) DATE _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PS	<input type="checkbox"/>
NAME	D'ALTO, PAUL	
STREET ADDRESS	6419 NEWBERRY ROAD	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	V	<input type="checkbox"/>
NAME	D'ALTO, ANTHONY	
STREET ADDRESS	47 CHARCOAL HILL RD.	
CITY - ST - ZIP	WESTPORT CT	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
1.2	NAME		
1.3	STREET ADDRESS		
1.4	CITY - ST - ZIP		
2.1	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
2.2	NAME		
2.3	STREET ADDRESS		
2.4	CITY - ST - ZIP		
3.1	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
3.2	NAME		
3.3	STREET ADDRESS		
3.4	CITY - ST - ZIP		
4.1	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
4.2	NAME		
4.3	STREET ADDRESS		
4.4	CITY - ST - ZIP		
5.1	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
5.2	NAME		
5.3	STREET ADDRESS		
5.4	CITY - ST - ZIP		
6.1	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
6.2	NAME		
6.3	STREET ADDRESS		
6.4	CITY - ST - ZIP		

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Paul D'Alto* 6/7/96 352-372-7720
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)