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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9200006827 (9)

THE BIG RAGU, INC.

Principal Place of Business

FILED Apr 30 1997 8:00am Secretary of State

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NOODLES CAFE 2000 PINE RIDGE RD #2059 NAPLES FL 33942				SL	2000 PINE RIDGE ROAD SUITE 2059 NAPLES FL 34109				9. Data Incorporated or Considered	las Data	of Lost D	longet	7	
US									3. Date Incorporated or Qualified 11/20/1992	1	of Last R /1996	eport	İ	
2. Principal P	lace of Busine	ess		2a	, Mailing Address				4. FEI Number		Ar	oplied For	1	
21 5	AME A	arphi	MODVE	26	26				<b>65-0379485</b> Not Appl				1	
Sulte, Apt. #, etc.					Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Regulred			
City & State					City & State				6. Election Campaign Financing		\$5.00	May Be	1	
23					26				Trust Fund Contribution			to Fees		
Zip	<del>- •</del>	Co	untry	11	Zip Coun				8. This corporation has liability for intangible tax under s				-	
24	1	25		29	1				Florida Statutes Yes No					
	9, Name r	A bna	ddress of Current	Regis					10. Name and Address of New Registered Agent					
BER	MAN, MATTI	HEW	D	-			81	Name						
	PINE RIDG				B2			Street Ac	eet Address (P.O. Box Number is Not Acceptable)					
	TE 2059							01.00.710	To book the state of the complete					
NAP	LES FL 339	42					83							
							84	City			95 7in	Code	-	
								Oily		FL	<b>85</b> Zip	Code		
11. Pursuant	to the provision	ons of	Sections 607.0502	and 6	607.1508, Florida Statul	les, the a	tbove	e-named c	orporation submits this statement for the pr	urpose of c	hanging i	ls registered	7	
agent. I a	registered age im familiar with	ent, or h, and	accept the obliga	or mori tions c	of, Section 607,0505, FI	aumonze Iorida Sta	eo by itutes	ine corpo i.	ration's board of directors. I hereby accep	tine appoi	ntment as	registered		
SIGNATURE 1														
	Signature, typed o	or printed	I name of registered ager				ed Age	nt signature re	quired when reinstating)	DATE.			_ ∟	
12.			OFFICERS AND	DIRE		13.			ADDITIONS/CHANGES TO OFFIC				٤	
TITLE	D DELETE									L	Change	Addition	Ç	
NAME	BERMAN, MATTHEW D						IAME						2	
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I do 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 dijector 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 17 or Block 18 or Block 19

ONATURE MANAGEMENT

1 4/25/97 941 592,005