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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000014378(3)
1. Corporation Name

CAPE DIZZA COPD

FILED									
May 08 1997 8:00am									
Secretary of State									

CAFE	FIZZA CORF.								
	DEL PRADO BLVD. CORAL FL 33990	Mailing Address 223 S.W. 37 CAPE CORAL US			3. Date incorpora		3a. Date of La		
2 Domosaul D	hace of Business	2a. Mailing Address			12/21/9	Z	05/01	· · · · · · · · · · · · · · · · · · ·	
21	26. Maining Address			65-0396602			ļ	Applied For Not Applicable	<u></u>
Suite, Apt	Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired			\$8.75 Additional Fee Required	
City & State				6. Election Campaign Financing				\$5.00 May Be	
23		28			Trust Fund Cor			UU May Be led to Fees	1
Zip	Country	Zip	Country 8. This corporation has liab						\dashv
24	25	29	30		Florida Statute		Yes 🔲 No		
	9. Name and Address of Current	Registered Agent			10. Name and Ad	dress of New Reg	Istered Agent		
DITOM	ASO, GREGORY		8	1 Name					
224 S.W. 37TH LANE			6	2 Street A	Address (P.O. Box Number	r is Not Acceptable)		
	CORAL FL 33990		-				· · · · · · · · · · · · · · · · · · ·		_
			6	3					
			8	4 City			gang 85 Z	Zip Code	
11.5	To the provisions of Sections 607.0502	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u> </u>				·	_
 office or r 	egistered agent, or both, in the State (of Florida. Such change was a	authorized t	by the corp	corporation submits this so foration's board of director	tatement for the purs. I hereby accept	rpose of changing the appointment	ng its registered t as registered	3
"	m familiar with, and accept the obliga	tions of, Section 607.0505, Fit	orida Statuti	9S.					
SIGNATURE	5. 3. 5 m. hyperami printen nume of registered again	t and the if applicable (NOT	E: Registered A	gent signatura i	required when reinstating)		DATE		-
12.	OFFICERS AND	DIRECTORS	13.	<u> </u>	ADDITIONS/CHA	ANGES TO OFFICE	RS AND DIRECT	TORS IN 12	ાં છે
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NAM.	DITOMASO GREGOR	E	1 2 NAME		DI TOMAS-	GREGOR	² 7		
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00 v ST 245			64 CITY -	ST-ZIP	***165	.00			
14. I do hiref	by certify that the information supplied	with this filing does not quali	fy for the ex	emption st	ated in Section 119.07(3)(i), Florida Statutes	I further certify the	hat the	

14. To bracely certry that the information supplied with this thing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information includes included in 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 tarm 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.

ROSE DITOMASO

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTO

X Rose Di Ton \$39, (941)772-2775