5/2.

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PROFIT CORPORATION ANNUAL REPORT

~~1999~~ 2001

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # ~~P99000053052~~ P99000015892

1. Corporation Name

~~MANSOUR'S TEXACO & FOOD MART INC~~

TASTE OF LITTLE ITALY, INC

[redacted]

Principal Place of Business	Mailing Address
~~6303 S ORANGE BLOSSOM TR~~ ~~ORLANDO FL 32809~~ 3815 W. Vine ST Kissimmee FL ~~34774~~ (34741)	6303 S ORANGE BLOSSOM TR ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: ~~11/26/1998~~ 02/25/1993

2. Principal Place of Business 21 3815 W. Vine ST	2a. Mailing Address 26 6303 S. Orange Blossom TRAIL	4. FEI Number ____ Applied For ☐ Not Applicable ☐
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State 23 Kissimmee FL	City & State 28 ORL. FL	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip / Country 24 34741 25	Zip / Country 29 32809 30	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MANSOUR, WEFKY ~~6870 ISLEWORTH CT~~ ~~ORLANDO FL 32819~~ 6303 S. Orange BLOSSOM TR ORLANDO FL 32809	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: Wefky Mansour — 04/25/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: President ☐ DELETE NAME: WEFKY MANSOUR STREET ADDRESS: 6303 S. Orange BLOSSOM TR. CITY-ST-ZIP: ORLANDO FL 32809	1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE: Treasurer ☐ DELETE NAME: WEFKY MANSOUR STREET ADDRESS: 6303 S. Orange BLOSSOM TR. CITY-ST-ZIP: ORLANDO FL 32809	2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

CR2E034 (11/98)

14. *I 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 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, with all other like empowered.*

SIGNATURE: Wefky Mansour — 04/25/01 — (407) 855-2890
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED BY CORPORATION