

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 05 1996 8:00 am
Secretary of State

DOCUMENT # P93000032939 (9)

1. Corporation Name

ROBOLI RISTORANTE & PIZZERIA, INC.



Principal Place of Business

Mailing Address

2901 CLINTMOORE RD
#3
BOCA RATON FL 33431
US

4793 N CONGRESS AVE
SUITE 6
LANTANA FL 33462
US

3. Date Incorporated or Qualified

05/04/1993

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 19914 VILLA LANTE PL.

4. FET Number

65-0408334

Applied For

Not Applicable

22 City & State

27 City & State
BOCA RATON, FL

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country
33434 PALM BEACH

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STELLINO, SALVATORE
4793 N CONGRESS AVE
#6
LANTANA FL 33462

81 Name
BILOTTI, JOSEPH

82 Street Address (P.O. Box Number is Not Acceptable)
19914 VILLA LANTE PLACE

83

84 City
BOCA RATON

85 Zip Code
FL 33434

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

Signature of person named as registered agent and the corporation

Signature of Registered Agent (signature required when listed change)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME STELLINO, SALVATORE
STREET ADDRESS 4793 N. CONGRESS AVE #6
CITY-ST-ZIP LANTANA FL

11 TITLE PVTSD
12 NAME BILOTTI, JOSEPH
13 STREET ADDRESS 19914 VILLA LANTE PLACE
14 CITY-ST-ZIP BOCA RATON, FL 33434

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/96

409 483 7962

CR2E034 (3/96)