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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000032939 (9)

ROBOLI RISTORANTE & PIZZERIA, INC. Principal Place of Business Mailing Address 2901 CLINTMOORE RD 19914 VILLA LANTE PL **BOCA RATON 33 33434** DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33431** 3. Date Incorporated or Qualified 05/04/1993 4. FEI Number 2. Principal Place of Business Applied For 21 Not Applicable 65-0408334 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Ζip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name BILOTTI. JOSEPH 19914 VILLA LANTE PLACE Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33434** 83 City 84 Zip Code 85 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, typed or printed name of registered agent and title if applicab OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change ☐ Addition 1.1 TITLE TITLE **PVTS** BILOTTI, JOSEPH 1.2 NAME NAME 19914 VILLA LANTE PLACE 1.3 STREET ADDRESS STREET ADORESS **BOCA RATON FL 33434** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE NAME BILOTTI, JOSEPH 2.2 NAME STREET ADDRESS 19914 VILLA LANTE PLACE 2.3 STREET ADDRESS **BOCA RATON FL 33434** 2. 4 CITY-SY-ZIP CITY-ST-ZIP DELETE Addition Change 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADORESS 44 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ... Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP

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 receivor 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.

SIGNATURE:

Buth

**=034 (10/97)** 

FILED

Apr 27 1998 8:00am

Secretary of State