FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

P93000041558 (6)

DOCUMENT #
1. Corporation Name

THAT'S AMORE PIZZA AND VINO, INC.

Frincipal Place of Business Mailing Address													i ingiladi isa ining lisil ddiss a		1 80 131 0 101	/! !! !!! ! !!	***************************************
828 S.W. 51ST TERRACE CAPE CORAL FL 33914						829 S.W. 51ST TERRACE CAPE CORAL FL 33914											
												3.	Date Incorporated or Qualifie 06/11/1993	d 3	a. Date 04	of Last /14/1	
├	Principal Pla	ice of Busine	ess		2a	. Mailing Addr	ess					4.	FEI Number	•			Applied For
21					26								65-0420380				Not Applicable
22					27	 						5.	Certificate of Status Desired]		5 Additional Required
23	City & State			28								Election Campaign Financing Trust Fund Contribution]		00 May Be led to Fees	
ļ,	Zip	<u> </u>							ountry				This corporation has liability f			under	s 199.032,
24		9. Name and Address of Current			29								 _	∕es [
ļ		9. Name	and	Address of Curren	t Regis	stered Agent			81		Name	10.	Name and Address of Nev	v Regis	stered A	gent	
	CDISTAN	meu o i	IVGE	DLINE					61	l '	varne						
CRISTANTIELLO, JOSEPHINE 828 S.W. 51ST TERRACE									82	L	Street Address (P.O. Box Number is Not Accepta			table)			
	CAPE C	ORAL FL 3	33914	\$					83								
									84	7	Oity				FL	85	Zip Code
11	or registere	ed agent, or	both,	f Sections 607.0502 in the State of Florid obligations of, Secti	da. Suc	th change was	authorize	s, the a	e corp	nan	ned corporation stion is board of	on si of di	submits this statement for the rectors. I hereby accept the a	purpose ppointn	e of char nent as r	iging its egistere	registered office ed agent. I am
SI	GNATURE _	Signature, typeo	or print	ed name of registered agent	and title if	applicable.	NOT	E Registe	red Ager	nt sig	gnature required wit	hen re	sinstating)		DATE		
12	≥.			OFFICERS AN	D DIREC			1:	3.				ADDITIONS/CHANGES TO C	FFICE	RS AND	DIRECT	IORS IN 12
TII	LE .	SD		5 1/	- "	☐ DEL	ETE	1.	1 TITLE] Change	Addition
NA	ME	FURIO,						1.3	2 NAME								
STI	REET ADDRESS			TH TERRACE				1.3	3 STREET	AD.	DRESS						
	IY-ST-ZIP		JUNA	AL FL 33914					4 CITY - S	ST - 2	?IP						
111		TD	NTIE	LLO, JAMES S		☐ DET	.ETE		1 TITLE] Change	Addition
N.A				IST TERRACE					2 NAME								
l	REE1 ADDRESS			AL FL 33914					3 STREET								
*****	Y-ST-ZIP	P		W. I.C. 00314		☐ DEL	ETC		4 CITY-S	ST - Z	ZIP					1 Change	Iddition
19		FURIO.	ROS	FI FNA				- 1	1 TITLE						L_] Change	Addition
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l				NL FL 33914					a SINCE 4 CITY-S								
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N.A				LLO, JOSEPHINE	•	_			2 NAME								
l	REET ADDRESS			IST TERRACE					3 STREET	I AD	ORES\$						
l	IY SI-ZP	CAPE (CORV	NL FL 33914					4 CITY - S		l.						
THI						☐ DÉL	ETE		1 TITLE							Change	Addition
N.A	ME							5.2	2 NAME								
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CIR	TY-ST-ZIP							5.4	4 CITY - S	ST - 2	ZIP						
TiT	LE					☐ DEL	EIE	6.	1 TITLE							Change	Addition
N.A	ME							6.2	2 NAME								
STI	REET ADDRESS							63	3 STREET	T AD	ORESS						
	TY - ST - ZIP				<u> </u>				4 CITY - S								·
14	 I do hereby certify that 	/ certify that the informa	the in tion in	iformation supplied vidicated on this annu	with this ua! repo	s filing is volunt ort or suppleme	tarily furnis ental annu	shed ar ial repo	nd doe rt is tru	s n Je a	not qualify for t and accurate	the e and	exemption stated in Section 1 that my signature shall have t	19.07(3 the san	3)(k), Flori ne legal e	da Stat iffect as	lutes. I further sif made under

certify that the information indicated on this article report of supplemental article report is true and accurate and that my signature shall have the same legal effect as it made those and countries and 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.

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