

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000043467 (8)**

1. Corporation Name

BELLA NOTTE RESTAURANT, INC.



Principal Place of Business

**8580 STATE ROAD 84
DAVIE FL 33324**

Mailing Address

**8580 STATE ROAD 84
DAVIE FL 33324**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
06/21/1993

3a. Date of Last Report
01/03/1995

4. FEI Number

65-0417882

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**SCARFONE, BRIDGET
8580 STATE ROAD 84
DAVIE FL 33324**

10. Name and Address of New Registered Agent

81 Name **LES STRACHER, ESQUIRE**

82 Street Address (P.O. Box Number is Not Acceptable)
6363 N.W. 6TH WAY, SUITE 420

83

84 City **FORT LAUDERDALE**

FL

85 Zip Code **33309**

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]

[Signature]

4/26/96

12. OFFICERS AND DIRECTORS

TITLE **D** DELETE
NAME **SCARFONE, BRIDGETTE**
STREET ADDRESS **5110 PERIGNON WAY**
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **D/PRES.** Change Addition
12 NAME **SCARFONE, ROBERT**
13 STREET ADDRESS **8580 STATE ROAD 84**
14 CITY-ST-ZIP **DAVIE, FL 33324**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS

24 CITY-ST-ZIP
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS

34 CITY-ST-ZIP
41 TITLE Change Addition
42 NAME
43 STREET ADDRESS

44 CITY-ST-ZIP
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS

54 CITY-ST-ZIP
61 TITLE Change Addition
62 NAME
63 STREET ADDRESS

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96
Date Date of Filing

CR2E034 (12/95)