

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

FILED

Jun 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000054414

1. Corporation Name

BILOTTI RESTAURANT & PIZZERIA, INC.

Principal Place of Business **Mailing Address**

10933 N. Military Trail
Palm Beach Gardens, FL 33418

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite Apt # etc.		26 6601 Lyons Road		08/03/1993	?
22 City & State		27 Suite I-9		4. FCI Number	Applied For
23 Zip		28 Coconut Creek, FL		65-0422859	Not Applicable
24 Country		29 33073		5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
		30 Broward		6. Election Campaign Financing	☐ \$5.00 May Be Added to Fees
				7. This corporation has liability for intangible tax under s. 192.032, Florida Statutes	☐ Yes ☐ No

8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				01 Name	Stellino, Salvatore		
				02 Street Address (P.O. Box Number is Not Acceptable)	6601 Lyons Road		
				03	Suite I-9		
				04 City	FL	85 Zip Code	33073

I, 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 _____ **DATE** _____

12. OFFICERS AND DIRECTORS				13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE	☐ DELETE	11 TITLE	☒ Change ☐ Addition	11 TITLE	☐ Change ☐ Addition	11 TITLE	☐ Change ☐ Addition
12 NAME		12 NAME	PST	12 NAME		12 NAME	
13 STREET ADDRESS		13 STREET ADDRESS	Stellino, Salvatore	13 STREET ADDRESS		13 STREET ADDRESS	
14 CITY-STATE-ZIP		14 CITY-STATE-ZIP	6601 Lyons Road, Suite I-9	14 CITY-STATE-ZIP		14 CITY-STATE-ZIP	
15 CITY-STATE-ZIP		15 CITY-STATE-ZIP	Coconut Creek, FL 33073	15 CITY-STATE-ZIP		15 CITY-STATE-ZIP	
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I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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 creditor 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 or changes to an attachment with an address.

SIGNATURE: *[Signature]* **6/13/97** **954-427-6559**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)