

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Linda R. Norton
Secretary of State

APPROVED
AND
FILED

DOCUMENT # P93000057438 (2)

PASTA LAVISTA, BABY INC.

APR 11 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3521 TASSEL FLOWER CT
BONITA SPRINGS FL 33923

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BONITA SPRINGS FL 33923

DO NOT WRITE IN THIS SPACE

3. Date incorporated or created 08/11/1993	3a. Date of last report 04/05/1994
4. FEI Number 65-0430842	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. 190.032, Florida Statutes ☐ Yes ☒ No	

2. Previous Name of Corporation 21	2b. Mailing Address 26
State Apt. # etc. 22	State Apt. # etc. 27
City & State 23	City & State 28
Zip 24	Zip 29

9. Name and Address of Current Registered Agent

**KANOUSE, KEITH J
2424 N FEDERAL HWY
STE 353
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81. Name Gene A. Shue
82. Street Address (P.O. Box Number is Not Acceptable) 11661 Spoonbill Lane
83. Gateway Gateway
84. City Fort Myers
FL 85. Zip Code 33913

11. I, the undersigned, do hereby certify that I am a resident of the State of Florida, and that I am a duly qualified person to act as a registered agent 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

SIGNATURE

Gene A. Shue

4/26/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 12)	
NAME D SHUE, GENE A	ADDRESS 2 KINGSBURY RD/ KORNER KETCH ESTATES NEWARK DE 19711	NAME D SHUE, GENE A.	ADDRESS 11661 Spoonbill Lane Fort Myers, FL 33913
NAME D SHUE, CHARLES E.	ADDRESS 3521 TASSEL FLOWER CT BONITA SPRINGS FL		

14. I, the undersigned, certify that this statement is prepared with true and correct information and does not contain any untrue or misleading statements. I further certify that the information is complete and correct as of the date of filing of this statement and that my report and shall have the same legal effect as if made under oath. I am not aware of any change of the corporation's officers or directors since the date of filing of this report as required by Chapter 607, Florida Statutes, and that my report is true and correct as of the date of filing of this statement.

SIGNATURE:

Charles E. Shue
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 813 495 9562