

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 # P93000075763 (1)

1. Corporation Name

BELLINI ITALIAN MARKET, INC.



Principal Place of Business

1536 MAIN STREET  
SARASOTA FL 34236

Mailing Address

1536 MAIN STREET  
SARASOTA FL 34236

3. Date Incorporated or Qualified  
10/25/1993

3a. Date of Last Report  
05/01/1995

4. FEI Number

65-0459281

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARISE, RICCARDO  
1536 MAIN STREET  
SARASOTA FL 34236

ROBERTO DE MICHELII  
1536 MAIN ST  
SARASOTA, FL 34236

81

Name

ROBERTO DE MICHELII

82

Street Address (P.O. Box Number is Not Acceptable)

1536 MAIN ST

83

84

SARASOTA

FL

85

Zip Code  
34236

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

*Roberto De Micheli*  
Signature typed or printed name of registered agent and, if applicable,

(Not L. Registered Agent Signature required when reinstating)

DATE

1/26/96

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
DE MICHELII, ROBERTO  
1536 MAIN ST.  
SARASOTA FL 34236 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
DOLEATTO, LUIGI  
1536 MAIN ST.  
SARASOTA FL 34236 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DST  
PARISE, RICCARDO  
1536 MAIN ST.  
SARASOTA FL 34236 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE:

*Roberto De Micheli* ROBERTO DE MICHELII 1/26/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941 365 8332

CR2E034 (12/95)