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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000077659 (9)

ITALIAN IMPORTED DELICATESSEN, INC.

FILED Mar 02 1998 8:00am Secretary of State



						
Principal Place of Business Maiting Address						
1650 PROVIDENCE BLVD. 1650 PROVIDENCE BLVD.						
DELTONA FL 32725			DELTONA FL 32725		DO NOT WRITE IN THIS SPACE	
		US			3. Date Incorporated or Qualified	3 3/ AOL
					11/04/1993	
2. Principal I	Place of Business	2a. Mailing Address	· 		4. FEI Number	Applied For
21	_ ,		54.000		59-3211787	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional
22 27					6. Certificate of Status Desired	Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23	28				Trust Fund Contribution	Added to Fees
Zip			Country	,	8. This corporation owes or has paid the c	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre				10. Name and Address of New Registered	
A\	/ALLONE, GENE		81	Name		
1650 PROVIDENCE BLVD.			82	Stroot Add	ress (P.O. Box Number is Not Acceptable)	
DELTONA FL 32725			62	SHOOL MOO	ress (P.O. Box Number is Not Acceptable)	
			83			
			ļ			
			84	City	FI	85 Zip Code
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						
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	0	DELETE 1.1 T				Change Addition
NAME			1.2 NAME			
STREET ADDRESS	2072 DUMAS DR.		1.3 STREET ADDRESS			i
CITY-ST-ZIP	DELTONA FL 32738		1.4 CITY - S	T-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE			Change Addition
NAME	AVALLONE, JOHN JR.		2.2 NAME			
STREET ADDRESS	2072 DUMAS DRIVE		2.3 STREET	ADDRESS		
CITY-ST-ZIP	DELTONA FL		2. 4 CITY-5	ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME		•	
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		
TITLE		☐ DELETÉ	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS	DORESS		4.3 STREET	address		
CITY-ST-ZIP			4.4 CITY - S	T-ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET AODRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE	☐ DELE		6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			64 City-St			
44 11						

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 adjacement with an address.