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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P9400005857 (5)**

BISTRO ITALIANO, INC.

Mailing Address Principal Place of Business 677 N. WASHINGTON BLVD. 677 N. WASHINGTON BLVD. STE. 80 ste. 80 SARASOTA FL 34236-4241 SARASOTA FL 34236 3. Date incorporated or Qualified 3a. Date of Last Report 01/25/1994 06/14/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0946197 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No 29 30 Florida Statutes 25 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KRAMS, LARRY 677 N. WASHINGTON BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) STE. 80 83 SARASOTA FL 34235 84 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 office or registered agent, or with 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 the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered agent. I am familiar with the purpose of changing its registered age (NOTE: Registered Agent signature required when reinstating) ed agent and little if applicable OFFICERS AND DIRECTORS (96/6) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE 1.1 TITLE 1014 Krams, Sherri L 12 NAME NAME 5219 WILLOW LINKS 1.3 STREET ADDRESS STREET AODRESS SARASOTA FL 34235 1.4 CITY-SY-ZIP CITY-ST-7P DELETE Change Addition 2.1 TITLE TiTLE KRAMS, DOROTHY 2.2 NAME 2945 HEATHER BOW 2.3 STREET ADDRESS STREET ADDRESS SARASOTA FL CHY-SI-ZO 2.4 CITY-ST-ZIP THLE □ DELETE 3.1 TITLE ☐ Change ■ Addition KRAMS, LARRY 3.2 NAME NAM 2945 HEATHER BOW 3.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TOLE THILE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - \$1 - ZIP DELETE 6.1 TITLE ☐ Change Addition TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CHY-S1-20 14. Ido 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

SIGNATURE:

appears in Block 12 or Block 13 i

FILED

May 13 1997 8:00am

Secretary of State