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

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DE PARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400007244 (4)

PASTA DEL GIORNO, INC.

Principal	Place of	Business
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3455 ANGLIN DRIVE

Mailing Address

ANGLIN DRIVE 1807A FL 34242 3455 ANGLIN DRIVE SARASOTA FL 34242-100

FILED Mar 17 1997 8:00am Secretary of State



SARASOTA FL	34242		SARASOTA FL 34242-1001								
								3. Date Incorporated or Qualified 01/20/1994		ate of Last R 17/1996	eport
2. Principal Pi	lace of Busine	SS	2a. Ma	iling Address				4. FEI Number		- 	oplied For
21			26					65-0468720			ot Applicable
Suite, Apt.	#, etc.		Sui 27	ite, Apt. #. etc.				5. Certificate of Status Desired			Additional equired
City & State	e		Cit	y & State			_	6. Election Campaign Financing		\$5.00	May Be
23			28					Trust Fund Contribution			to Fees
Zip		Country	Z1 ₁)	Coun	try		8. This corporation has liability for	intangible	tax under s	. 199.032,
24	2		29		30			110100 000000	Yes [
	9. Name a	and Address of Cur	rent Registere	d Agent				10. Name and Address of New Re	gistered	Agent	
FITZ	GIBBONS, T	HOMAS M			8	31	Name				
1800	SECOND S	T			F	32	Street Ar	ddress (P.O. Box Number is Not Accepta	ble)		
	. 775					-	0.000		,		
	ASOTA FL 3	4236			Ĩ	33					
0744	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1	34	City			85 Zp	Code
].	, J,	· · · · · · · · · · · · · · · · · · ·		<u>FL</u>		
office or ragent. I a	registered age	ins of Sections 607.1 int, or both, in the St n, and accept the of	ate of Florida. S	Such change was	authorized	by	the corpo	orporation submits this statement for the ration's board of directors. I hereby acce	pt the app	iointment as	registered
SIGNATURE	Signature, typed o	r pented name of registeres	Lagent and to elift app	pleable (NC	OTE Registered	Agei	d signature re	quired when reinstaling)	DATE		
12.		OFFICERS	AND DIRECTO	RS	13.			ADDITIONS/CHANGES TO OFFI	DERS AND	DIRECTOR	IS IN 12
TITLE	D		. (, , , , , , , , , , , , , , , , , , ,	DELETE	1.1 THE	E				Change	Addition
NAME	STOLBERG	3, KARL			1.2 NAN	ΛE	1				
STREET ADDRESS	3455 ANG	LIN DR			1.3 S1R	EF A	ADDRESS				
CITY-\$1-ZIP		A FL 34242		,	1.4 CITY	Y-SI	- 716'				
TITLE	D		.,	DECETE	2.1 10L	.F	t			Change	Addition
NAME	STOLBERO	3. PETER			2.2 NAN	AI.					
STREET ADDRESS	3455 ANG				2.3 STR	EH.	ADDRESS				
CITY-ST-ZIP		A FL 34242			2. 4 CIT	Y-S	1-7IP				
TITLE				DELETE	3.1 1111					Change	Addition
NAME					3.2 NAN	ΛE					
STREET ADDRESS					1		ADDRESS				
CITY-ST-ZIP	1				3.4. CIT						
TITLE				DELETE	4.1 THIL					Change	Addition
NAME					4. 2 NA	ME					
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP					4.4.0-11						
TITLE	·····			DELETE	51700					Change	Addition
NAME					5 2 NAN					-	
STREET ADDRESS							ADDRESS				
					54 CIP						
CITY-ST-ZIP TITLE				DELETE.	61 1111		- 411		· · · · · · · · · · · · · · · · · · ·	Change	Addition
					6.2 NAM						
NAME							ADDOL ÓC				
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP	by partitions	the inferredien con	shed with this 4	ding door not our	6.4 CIT			ited in Section 119.07(3)(i), Florida Statut	es Hurthe	r certify that	Lthe
information	on indicated o officer or direc	n thin provid rapalt.	or supplement n or the receive d, or on an atta	al annual report is ir or trustee ompe chment with an a	s true and ac owered to ex ddress.	KOCI	rate and t uto this re	hat my signature shall have the same log port as required by Chapter 607, Florida	ial effect as Statutes; a	s it made ur	ider oath; thi name