FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 10 AM 8:32

DOCUMENT # **P94000009033 (9)**

1. Corporation Name

PASADENA RESTAURANTS, INC.

Principal Place of Business	Mailing Address
3333 S PASADENA AVE SOUTH PASADENA FL 33707	3333 S PASADENA AVE SOUTH PASADENA FL 33707

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/04/1994
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-3222236 ☐ 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

9. Name and Address of Current Registered Agent

RISTORCELLI, PETER J
8240 ULMERTON RD
LARGO FL 34641

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	ROLLON, JOSE A	1.2 NAME	O'Reilly, Peter	
STREET ADDRESS	1569 SHADOW RIDGE CIR	1.3 STREET ADDRESS	9815 Harrell Ave. Apt. 501	
CITY-ST-ZIP	SARASOTA FL 34240	1.4 CITY-ST-ZIP	Treasure Island, FL 33706	
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	ROLLON, LESLIE A	2.2 NAME	Resigned	
STREET ADDRESS	1569 SHADOW RIDGE CIR	2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34240	2.4 CITY-ST-ZIP		
TITLE	DT	3.1 TITLE	DTS	☒ Change ☐ Addition
NAME	RISTORCELLI, PETER J	3.2 NAME	Ristorcelli, Peter J.	
STREET ADDRESS	6250 25TH AVE N	3.3. STREET ADDRESS	6250 25th Ave. N.	
CITY-ST-ZIP	ST PETERSBURG FL 33710	3.4 CITY-ST-ZIP	St. Petersburg, FL 33710	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	O'REILLY, PETER	4.2 NAME		
STREET ADDRESS	9815 HARRELL AVE APT 501	4.3 STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND FL 33706	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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 attachment with an address.

SIGNATURE: Peter J. Ristorcelli 3/2/95 (813) 535-0419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

03/07074 CP