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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandrø B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000011269 (5)

NICK'S ITALIAN RESTAURANT, INC.

## **FILED** Apr 30 1998 8:00am Secretary of State



Sulfis, Apt. 6, etc.    Sulfis, Apt. 6, etc.	Principal Place	e of Business	Mailing Address			A SERVING AND
2. Principal Place of Business   2a. Mailing Address   3. Date Incorporated or Outlitted   O2/10/1994   2. Principal Place of Business   2a. Mailing Address   4. FER Humber   Applied F   2. Sullio, April 4. etc   5. Certification Offsature Desired   56-0475451   3. Sullio, April 4. etc   5. Certification Offsature Desired   57. Addition Fee Required   32. City & State   27   5. Certification Offsature Desired   57. Address   5. Certification Offsature Desired   56. Required   32. City & State   7. Country						
Pinologia Place of Business   2a. Mailing Address   4. FE Number   Applied Fig.	SARASOTA FL	L 34236	SARASOTA FL 34236			DO NOT WRITE IN THIS SPACE
2. Mainpapel Place of Business   2a. Mainpa Address   4. FEI Number   55-0475451   Not Applied F   Sulfa, April #, etc.   5   City & State   22   City & State   22   Zip   2a   Country   2a   Zip   2a   2a   2a   Zip   2a   2a   Zip						
2. Principal Place of Business   2a. Maling Address   5. Gr. Applied F   5. Gr. Applied						02/10/1994
Suits, Apl. #, etc.    Suits, Apl. #, etc.	2. Principal Place of Business 2a. Mailing Address					
Suito, Apt. #, etc. 23   Suito, Apt. #, etc. 27   Suito, Apt. #, etc. 28   City & State 28   City & State 29   Country 20   Country 21   Country 22   Country 23   Country 24   City 25   Country 26   Country 27   Country 28   City 27   Country 28   City 29   Country 20   Country	21		26			65-0475451 Not Applicable
City & State    City & State   City & City & State   City & State		#, etc.				SR 75 Additional
Zip   Country   Zip   Country   Zip   Country   Zip   Country   St. Trust Fund Contribution   Acide the Feet   Acide to Feet   St. Trust Fund Contribution   Acide to Fund	22		27	_		5. Certificate of Status Desired Fee Required
Zip	City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be
PERSEO, A. JOHN 230 SARASOTA OUAY SARASOTA FL 34236  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes. The above-manded corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes, the above-manded corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes, the above-manded corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes, the above-manded corporation submits this statement for the purpose of changing its registered agent, and the statement for the purpose of changing its registered agent, and the statement for the purpose of changing its registered agent, and the statement for the purpose of changing its registered agent, and the statement for the purpose of changing its registered agent age			28	28		Trust Fund Contribution Added to Fees
PERSED, A. JOHN 230 SARASOTA GUAY SARASOTA FL 34236  82   Street Address (P.O. Box Number is Not Acceptable)  83   Sarasota Agreement of Sections 607 0502 and 607 1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing lits registered agent. In the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of, Section 607 0506. Florida Statutes.  SIGNATURE  Signature typical or prised pages of changing lits registered agent and accept the obligations of, Section 607 0506. Florida Statutes by the corporation's board of directors. I hereby accept the appointment as register agent 1 am femiliar with, not accept the obligations of, Section 607 0506. Florida Statutes  SIGNATURE  Signature typical or prised pages of changing lits registered agent agent are degreed agent and accept the obligations of, Section 607 0506. Florida Statutes  SIGNATURE  Signature typical or prised pages of changing lits registered agent agent are degreed agent and accept the obligations of, Section 607 0506. Florida Statutes  SIGNATURE  Signature typical or prised pages of changing lits registered agent and accept the obligations of, Section 607 0506. Florida Statutes  SIGNATURE  DELETE 111TILE  DELETE 111TILE  DELETE 21 TITLE  DELETE 21 TITLE  DELETE 21 TITLE  DELETE 31 TITLE  DELETE 31 TITLE  DELETE 31 TITLE  DELETE 31 TITLE  DELETE 41 TITLE  DELETE 41 TITLE  DELETE 51 TI	<del></del>	Country	Zιρ	<u></u>		8. This corporation owes or has paid the current year Intangible
PERSEO, A. JOHN 230 SARASOTA QUAY SARASOTA FL 34236  82 Street Address (P.O. Box Number is Not Acceptable)  83 B4 City FL 85 Zip Code  11. Pursuant to the provisions of Socions 607.0502 and 607.1508, Florida Statute, the advanced by the corporation's board of directors. I horizos of changing its regist edgent, or both, in the State of Florida Statute, such as authorized by the corporation's board of directors. I horizos of changing its regist edgent. I am familiar with, and accept the abplications of Socion 607.0505, Florida Statute, such as authorized by the corporation's board of directors. I horizos of changing its regist edgent of the statement for the purpose of changing its regist edgent of the statement of the purpose of changing its regist edgent of the statement of the purpose of changing its regist edgent of the statement of the purpose of changing its regist edgent of the statement of the purpose of changing its regist edgent of the statement of the purpose of changing its regist edgent of the statement of the purpose of changing its regist edgent of the statement of the purpose of changing its regist edgent of the statement of the purpose of changing its regist edgent of the statement of the purpose of changing its regist edgent of the statement of the purpose of changing its regist edgent of the statement of the purpose of changing its regist edgent of the statement of the purpose of changing its regist edgent of the statement of the purpose of changing its regist edgent of the statement of the sta						
230 SARASOTA FL 34236  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City	-	<del></del>	rrent Registered Agent		<del> </del>	10. Name and Address of New Registered Agent
SARASOTA FL 34236  84 City FL Other SARASOTA FL 34236  85 City FL Other SARASOTA FL 34236  86 City FL Other SARASOTA GUAY SARASOTA GUAY SARASOTA GUAY SARASOTA FL OTHER SARASOTA FL OTHER SARASOTA FL OTHER SARASOTA GUAY SARASOTA FL OTHER SARASOTA GUAY SARASOTA GUA					Name	
B3				82 Street Ado		ddress (P.O. Box Number is Not Acceptable)
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 registed 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 register agent, an afamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or prised name of registered sport and title appointment as register agent, an afamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE   Signature, typed or prised name of registered sport and title appointment as register agent.   Description of the provision of	SAF	RA <b>SO</b> TA FL 34236		<u> </u>		
11. Pursuant to the provisions of Soctions 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist agent. I am familiar with, and accept the obligations of, Soction 607 0506, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with, and accept the obligations of, Soction 607 0506, Florida Statutes.  SIGNATURE    Signature, typed or privated name of regressed agent and stin if appointment as register agent. I am familiar with, and accept the obligations of, Soction 607 0506, Florida Statutes.  12.				B3	1	
11. Pursuant to the provisions of Soctions 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist agent. I am familiar with, and accept the obligations of, Soction 607 0506, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with, and accept the obligations of, Soction 607 0506, Florida Statutes.  SIGNATURE    Signature, typed or privated name of regressed agent and stin if appointment as register agent. I am familiar with, and accept the obligations of, Soction 607 0506, Florida Statutes.  12.				84	City	85 Zip Code
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 register agent. I am familiar with, and accept the obligations of, Soction 607.0505, Florida Statutus.    Signature   France					<u></u>	FL
SIGNATURE  Signature. Vipid or printed name of registreed agove and take ill applicable (INDTE Registered Agont signature required when renealing)  TITLE  OFFICERS AND DIRECTORS IN 12  TITLE  PERSEO, JOHN  12 MAME  230 SARASOTA QUAY  SAPASOTA FL  14 OTV-ST-2P  TITLE  SARASOTA FL  14 OTV-ST-2P  TITLE  AMAE  32 MARE  3230 SARASOTA QUAY  SARASOTA FL  14 OTV-ST-2P  TITLE  AMAE  32 MAME  32 MARE  32 MARASOTA FL  14 OTV-ST-2P  TITLE  AMAE  32 MAME  32 MAME  32 MAME  32 MAME  32 MAME  32 MAME  33 STREET ADDRESS  TITLE  ALCITY-ST-2P  TITLE  ALCITY-ST-2P  TITLE  DELETE  4.1 TITLE  ALCITY-ST-2P  TITL	office or re	egistered agent, or both, in the St	late of Florida. Such change was a	uthorized b	y the corpo	corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered
Signature, typed or prised rampe of legistered deprivative (PIOTE Represend spiralure required when international)	agent. I ar	m f <b>amil</b> iar with, and accept the ot	oligations of, Section 607.0505, Flo	rida Statute	S.	, , , , , , , , , , , , , , , , , , ,
12. OFFICERS AND DIRECTORS  DELETE  DELETE  1.1.TITLE  DELETE  2.1.TITLE  DELETE  2.1.TITLE  DELETE  3.1.TITLE  3	SIGNATURE			- 5		A. T.
TITLE				jen; signature n		
NAME   PERSEO, JOHN   12 NAME   13 STREET ADDRESS   230 SARASOTA QUAY   13 STREET ADDRESS   14 CITY-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP SARASOTA FL  ITILE  Q SANTARELLI, DOMINIC STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE Q SARASOTA QUAY STREET ADDRESS CITY-ST-ZIP SARASOTA FL  DELETE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  DELETE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS		•				
CITY-ST-ZIP	t t			4		
TITLE						
NAME   SANTARELLI, DOMINIC   22 NAME   23 STREET ADDRESS		n n	DELETE		51-ZIF	Change Addition
STREET ADDRESS   230 SARASOTA QUAY   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP		SANTADELLI DOMINIC				
City-st-zip					1	
TITLE         DELETE         3.1 TITLE         Change         A           NAME         32 NAME         32 NAME         A           STREET ADDRESS         3.4 CITY-ST-ZIP         TITLE         TITLE         Change         A           NAME         4.2 NAME         A <t< th=""><th></th><th></th><th></th><th colspan="2"></th><th></th></t<>						
NAME		GAMOORIE	DELETE			Change Addition
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP					1	The country and the country an
STREET ADDRESS   STRE						
TITLE         DELETE         4.1 TITLE         Change         AI           NAME         4.2 NAME         4.3 STREET ADDRESS         CITY-ST-ZIP         4.4 CITY-ST-ZIP         TITLE         Change         AI           NAME         52 NAME         52 NAME         STREET ADDRESS         CITY-ST-ZIP         TITLE         Change         AI           TITLE         DELETE         6.1 TITLE         Change         AI           NAME         6.2 NAME         G.2 NAME         G.3 STREET ADDRESS           CITY-ST-ZIP         G.4 CITY-ST-ZIP         G.4 CITY-ST-ZIP         G.5 STREET ADDRESS	i i i i i i i i i i i i i i i i i i i					
A. 2 NAME					D1-14	Change Addition
### ### ##############################			tal ventra			August — Indollor
### CHTY-ST-ZIP  ###################################	1	<u> </u>		ı	l	
TITLE         DELETE         51 TITLE         Change An           NAME         52 NAME           STREET ADDRESS         53 STREET ADDRESS           CITY-ST-ZIP         54 CITY-ST-ZIP           TITLE         DELETE         61 TITLE           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY-ST-ZIP         6.4 CITY-ST-ZIP		<u> </u>			1	
NAME         52 NAME           STREET ADDRESS         53 STREET ADDRESS           CITY-ST-ZIP         54 CITY-ST-ZIP           TITLE         DELETE         61 TITLE           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY-ST-ZIP         6.4 CITY-ST-ZIP					01-21	Change Addition
STREET ADDRESS   5.3 STREET ADDRESS	1		<u> </u>			tage y
CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change         An           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS         CITY-ST-ZIP         6.4 CITY-ST-ZIP	· -				I ADDRESS	
TITLE         DELETE         6.1 TITLE         Change         AC           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY-ST-ZIP         6.4 CITY-ST-ZIP				4	- 1	
NAME  STREET ADDRESS  6.2 NAME  6.3 STREET ADDRESS  CITY-ST-ZIP  6.4 CITY-ST-ZIP			DELETE		OL- EII	☐ Change ☐ Addition
STREET ADDRESS  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP	ì			1	ì	
CITY-SI-ZIP 6.4 CITY-SI-ZIP	ļ				TADDRESS	
indicated on this annual report or supplemental annual report is true and accurate and that ny signature shall have the same legal effect as it made under oath; that I am		ertify that the information supplied	d with this filing does not qualify for			In Section 119.07(3)(i), Florida Statutes. I further certify that the information
	indicated of	on this annual report or supplementation of the corporation of the	ental annual report is true and accuracy	urate and the	at my sign	ature shall have the same legal effect as if made under oath; that I am an
Block 12 or Block 13 if changed, or on an attachment with an address.	Block 12 o	or Block 13 if changed, or on an a	attachment with an address.	MOULIE LIPS	JOHOIT BO I	954 - 563-644/