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Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000018160 (9)

1. Corporation Name
FLAMINIA'S FAMOUS ITALIAN KITCHEN, INC.

Principal Place of Business
3210 S. ATLANTIC AVE.
COCOA BEACH FL 32901

Mailing Address
3210 S. ATLANTIC AVE.
COCOA BEACH FL 32901-2116



3. Date Incorporated or Qualified 03/02/1994
3a. Date of Last Report 05/01/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3229182		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country		30			

9. Name and Address of Current Registered Agent

ARBETTER, PATTY ANN
1435 FIDDLER AVENUE
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

81 Name
WARRENER, PAUL H.
82 Street Address (P.O. Box Number is Not Acceptable)
83 340 BIKINI CIRCLE
84 City
MERRITT ISLAND FL 85 Zip Code
32952

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 *Paul H. Warrenner* DATE 02/11/1997
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	D	1.1 TITLE	D
NAME	ARBETTER, DAVID JOSEPH	1.2 NAME	WARRENER, PAUL H.
STREET ADDRESS	1435 FIDDLER AVENUE	1.3 STREET ADDRESS	340 BIKINI CIRCLE
CITY - ST - ZIP	MERRITT ISLAND FL 32952	1.4 CITY - ST - ZIP	MERRITT ISLAND, FL. 32952
TITLE	D	2.1 TITLE	
NAME	ARBETTER, PATTY ANN	2.2 NAME	
STREET ADDRESS	1435 FIDDLER AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MERRITT ISLAND FL 32952	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 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: *Paul H. Warrenner* *PAUL H. WARRENER* 01/30/1997 407-784-1362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)