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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Candra B. Norrheim Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000024745 (9)

1. Corporation Name

STEFAN'S CONTINENTAL & ITALIAN CUISINE, INC.

Principal Place of Business

**15925 U.S. HIGHWAY 19 SOUTH
HUDSON FL 34667**

Mailing Address

**15925 U.S. HIGHWAY 19 SOUTH
HUDSON FL 34667**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/30/1994

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

59-3233461

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**

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

Steve Limberis

82 Street Address (P.O. Box Number is Not Acceptable)

15925 U.S. Hwy 19 So.

83

84 City

Hudson

FL

85

Zip Code
34667

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

STEVE LIMBERIS

DP

3-10-95

Signature, typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required when transferring)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LIMBERIS, STEVE
STREET ADDRESS	15925 U.S. HWY. 19 SOUTH
CITY - ST - ZIP	HUDSON FL 34667
TITLE	DV
NAME	LIMBERIS, LORENE A
STREET ADDRESS	15925 U.S. HWY. 19 SOUTH
CITY - ST - ZIP	HUDSON FL 34667
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVE LIMBERIS

3-10-95

(Date)

813-8638016

Telephone Number