

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED  
AND  
FILED

98 OCT 30 PM 3:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



0005135

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P94000036393 (4)  
 1. Corporation Name

VITO'S ITALIAN CAFE, INC.

Principal Place of Business

Mailing Address

4660 SALISBURY RD  
 JACKSONVILLE FL 32256  
 US

~~102 CENTURY 21 DR., SUITE 100~~  
~~JACKSONVILLE FL 32216~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1994

4. FEI Number

59-3242044

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 4660 SALISBURY RD.

22 City & State

27 Suite, Apt. #, etc.  
 28 JACKSONVILLE, FL

23 Zip Country

29 32256 30 DUVAL

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

TERESI, FILIPPO  
 4413 WINDERGATE COURT  
 JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name YOUSEFZADEH, LOROS  
 82 Street Address (P.O. Box Number is Not Acceptable) 4660 SALISBURY RD.  
 83  
 84 City JACKSONVILLE FL 85 Zip Code 32256

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: *[Signature]* LOROS YOUSEFZADEH (PR) 10/24/97  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  DELETE  
 NAME TERESI, FILIPPO  
 STREET ADDRESS 4413 WINDERGATE COURT  
 CITY-ST-ZIP JACKSONVILLE FL 32257

1.1 TITLE P  Change  Addition  
 1.2 NAME YOUSEFZADEH, LOROS  
 1.3 STREET ADDRESS 4660 SALISBURY RD.  
 1.4 CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE D  DELETE  
 NAME TERESI, IGNAZIO  
 STREET ADDRESS 3640 NORTH RIDE DRIVE  
 CITY-ST-ZIP JACKSONVILLE FL 32223

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME 300002681273--2  
 3.3 STREET ADDRESS -11/05/98--01064--011  
 3.4 CITY-ST-ZIP \*\*\*550.00 \*\*\*550.00

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I 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: *[Signature]* SIGNATURE REQUIRED 9/26/97 (904) 296-5013

CR2E034 (5/98)