

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).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000036393 (4)  
1. Corporation Name

VITO'S ITALIAN CAFE, INC.

Principal Place of Business

4660 SALISBURY RD.  
JACKSONVILLE FL 32256  
US

Mailing Address

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

APPROVED  
AND  
FILED  
98 OCT 30 PM 3:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1994

4. FEI Number

59-3242044

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 4660 SALISBURY RD.  
Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

32256

DUVAL

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

YOUSSEFZADEH, 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: *Loros Youssefzadeh* (PR) DATE: 10/24/97  
(NOTE: Registered Agent signature required when reinstating)

Signature of individual or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

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

TITLE D ☒ DELETE

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition

1.2 NAME YOUSSEFZADEH, LOROS  
1.3 STREET ADDRESS 4660 SALISBURY RD.  
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32256

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

300002681273--2  
-11/05/98--01064--011  
\*\*\*550.00 \*\*\*550.00

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 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: *Loros Youssefzadeh* SIGNATURE REQUIRED

9/26/97 (904) 296-5013

0005135

CR2E034 (5/98)