FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000045052 (5)**

1. Corporation Name

NONNO PASQUALE, INC.

Principal Place of Business	Mailing Address
1100 SARA JEAN CIRCLE STE. 206-A NAPLES FL 33942	1100 SARA JEAN CIRCLE STE. 206-A NAPLES FL 33942

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/13/1994
3a. Date of last Report: 6/13/94

2. Principal Place of Business (21): 975 Imperial Golf Course Blvd
2a. Mailing Address (26):
Suite, Apt. #, etc. (22): #101 - 102
Suite, Apt. #, etc. (27):
City & State (23): Naples Fla
City & State (28):
Zip (24): 33942
Country (25): Collier
Zip (29):
Country (30):

4. FEI Number: 65-0510380 ☐ 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

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

9. Name and Address of Current Registered Agent

AMATO, ELIZABETH
1100 SARA JEAN CIRCLE STE. 206-A
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
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	PD	11 TITLE		☐ Change ☐ Addition
NAME	AMATO, ELIZABETH	12 NAME		
STREET ADDRESS	1100 SARA JEAN CIRCLE STE. 206-A	13 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33942	14 CITY-ST-ZIP		
TITLE	TD	21 TITLE		☐ Change ☐ Addition
NAME	AMATO, CIRO JR	22 NAME		
STREET ADDRESS	5738 SW FIRST COURT	23 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33914	24 CITY-ST-ZIP		
TITLE	~~VD~~	31 TITLE	VD	☒ Change ☐ Addition
NAME	~~AMATO, SERGIO~~	32 NAME	[redacted] Boyer, Charles G.	
STREET ADDRESS	~~8080 S. SUMMERLIN WOODS APT. 2~~	33 STREET ADDRESS	151 Cypress Way E. # D-107	
CITY-ST-ZIP	~~FORT MYERS FL 33919~~	34 CITY-ST-ZIP	Naple, Fl 33942	
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	VILLARAGA, MARIA	42 NAME		
STREET ADDRESS	1100 SARAH JEAN CIRCLE APT. 101	43 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33904	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Elizabeth Amato — President — 813-566-3676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000P07A CP