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Jun 18 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000051578 (0)

1. Corporation Name
GIUSSEPPI ITALIAN RESTAURANT, INC.



Principal Place of Business
3902 N NINTH AVE
PENSACOLA FL 32803

Mailing Address
3902 N NINTH AVE
PENSACOLA FL 32503-2803

3. Date Incorporated or Qualified
07/13/1994

3a. Date of Last Report
04/03/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3258522	Not Applicable
22. Suite, Apt. #, etc.	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Giuseppe's Italian Restaurant	Giuseppe's Italian Restaurant	<input type="checkbox"/>	
3507 N. Pace Blvd.	3507 N. Pace Blvd.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23. City & State	28. City & State	<input type="checkbox"/>	
Pensacola, Florida 32505	Pensacola, Florida 32505	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Zip	29. Zip		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIGLIOTTI, GIUSEPPI
3902 N NINTH AVE
PENSACOLA FL 32503

81. Name
GIGLIOTTI, GIUSEPPE (ADDRESS CHANGE ONLY)

82. Street
Giuseppe's Italian Restaurant

83. City & State
3507 N. Pace Blvd.

84. City
Pensacola, Florida 32505

85. Zip Code
FL

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: typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIGLIOTTI, GIUSEPPI	1.2 NAME	
STREET ADDRESS	3902 N NINTH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Giuseppe's Italian Restaurant	3.2 NAME	
STREET ADDRESS	3507 N. Pace Blvd.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Pensacola, Florida 32505	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Giuseppe's Gigliotti* 4-28-97

CR2E034 (9/96)