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PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000052402 (2)

ANTHONY'S ITALIAN DELI, INC.

Mailing Address

FILED Apr 17 1998 8:00am Secretary of State



Histor

Principal Place of Business 2310 GREENDALE DR 2310 GREENDALE DR SARASOTA FL 34232 SARASOTA FL 34232 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/11/1994 2a. Mailing Address 26 A 1812 2. Principal Place of Business Applied For Not Applicable 1812 5. 26 65-0502868 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible No. Personal Property Tax due June 30. Yes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 PUCCIO, KAREN D 2310 GREENDALE DR 82 SARASOTA FL 34232 83 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 objections of, Section 607.0505, Florida Statutes. tuccus ·10.98 **SIGNATURE** ed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12, 13. **Change** Addition DELETE 1.1 TITLE TITLE PUCCIO, KAREN D NAME 1.2 NAME 2310 GREENDALE DR 5161 CEDAR HAMMOUNDAWE STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34232 <u>Sarasom, Fl. 34252</u> 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 31 TITLE TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME **STREET ADDRESS** 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. 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.