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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000058692 (2)

PASTAVINO, INC.

DOCUMENT #
1. Corporation Name

Principal Place of Business

Mailing Address

FILED Feb 09 1996 8:00 am Secretary of State



621 O'SHEA CT APOPKA FL 32712		621 O'SHEA CT APOPKA FL 32712						
					08/08/1994 02		of Last Report 2/21/1995	
Principal Place of Business		2a. Mailing Address			4. FEI Number			Applied For
		26			59-3247415		1	Vot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	7		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Orty & State)	City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Ζφ>	Country 25	Zip 29	30 Cou	ntry	8. This corporation has liability for in Florida Statutes Yes	X No		199.032,
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New R	legistered Age	nt	
621 018	ELIS, NICHOLAS G SHEA CT A FL 32712		in a supply	81 Name 82 Street Add 83	tress (P.O. Box Number is Not Acceptab	le)		
				84 City		FL ⁸	5 Zip	Code
	of the based or product name of registroid agent and stored applicable (NOFFICERS AND DIRECTORS		NOTE: Registered	Agent signature require	d when reinstange DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
	D	DELETE	1. 1 Ti	TI F	ADDITIONS/CHANGES TO OFF		hange	Addition
f	DIANGELIS, NICHOLAS G		1.2 NA			L v	nunge	
ET ADDRESS	621 O'SHEA CT			REET ADDRESS				
ST-ZIF	APOPKA FL 32712			IY-ST-ZIP				
	D	DELETE	2 1 71				hanoe	Addition
£	DIANGELIS, STEPHANIE		2 2 NA	ME				
- ADDRESS	621 O'SHEA CT		2351	REET ADDRESS				
·ST-ZIP	APOPKA FL 32712			Y-ST-ZIP				
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ST-ZIP		☐ DELETE	3.4 CH 4 1 Tri 4.2 NA 4.3 Sti 4.4 CH 5 1 Tri	IY-ST-ZIP TLE ME REET ADDRESS Y-ST-ZIP ILE		c		
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ST-ZIP LADDRESS ST-ZIP LADDRESS			3.4 CIT 4 1 TI 42 NA 4.3 SI 4.4 CIT 5 1 TI 52 NA 53 STI	IY-ST-ZIP TLE ME REFT ADDRESS Y-ST-ZIP TLE ME ME REET ADDRESS				
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to hereby certify that the information supplied with this hilling is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k), 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: Standille AND TYPE OF BEHAVIOR WALL

ME OF SIGNING OFFICER OF DIRECTOR

1-5-96 88

889-7200 Daytime Phone #