## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000068806 (6)

MANNY'S CAFE BY SARNELLI, INC.

rincipal Place of Business	Mailing Address
000-2 US 17 SOUTH	5000-2 US 17 SOUTH
ORANGE PARK FL 32073	ORANGE PARK FL 32073

## **FILED** Feb 02 1998 8:00am Secretary of State



Dringing! Disc	e of Business	64-11			
		Mailing Address			
6000-2 US 17 SOUTH ORANGE PARK FL 32073		5000-2 US 17 SOUTH ORANGE PARK FL 32073			
0,0,00	W. 12 02010	OTHER PROPERTY.		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				09/15/1994	
<u>.                                    </u>	face of Business	2a. Mailing Address		4. FEI Number Applied For	
21		26		<b>59-3270183</b> Not Applicab	
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired  \$8.75 Additional	
City & Stat		City & State		Fee Required	
23	e e	28		B. Election Campaign Financing \$5.00 May Be     Trust Fund Contribution	
Zip	Country	Zip	Country	Trust Fund Contribution Added to Fees  8. This corporation owes or has paid the current year Intangible	
24	25	<u> </u>	30	Personal Property Tax due June 30. Yes No	
	9, Name and Address of Current		, , , , , , , , , , , , , , , , , , ,	10. Name and Address of New Registered Agent	
SA	RNELLI, ANTONIO		B1 Nar	me	
	32 ROYAL FERN LANE		<b>82</b> Stre	eet Address (P.O. Box Number is Not Acceptable)	
ORANGE PARK FL 32073		02 0	out Address (1.0. box Noniber is Not Acceptable)		
			83		
			84 City	y <b>85</b> Zip Code	
			"	FL	
11. Pursuant office or re agent. La	to the provisions of Sections 607.0502 egistered agent, or both, in the State in In familiar with, and accept the obliga	P and 607.1508, Florida Statutes of Florida Such change was au trons of, Section 607.0505, Flori	s, the above-nam thorized by the c da Statutes.	ned corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered	
SIGNATURE					
	Signature, typod or printed name of registered ager OFFICERS AND			iature required whon reinstating) DATE	
12.	PD OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	SARNELLI, ANTONIO		1.2 NAME	Citalitye Li Audillo	
STREET ADDRESS	1562 ROYAL FERN LANE		1.3 STREET ADDRES	100	
CITY-ST-ZIP	ORANGE PARK FL 32073		1.4 CITY - ST - ZIP		
TITLE	STD	DELETE	2.1 TITLE	Change Addition	
NAME	SARNELLI, ROSARIA		2.2 NAME		
STREET ADDRESS	1562 ROYAL FERN LANE		2.3 STREET ADDRES	ess	
CITY-ST-ZIP	ORANGE PARK FL 32073		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME			3.2 NAME		
STREET ADORESS			3.3 STREET ADDRES	ess	
CITY-ST-ZIP			3 4. CITY-ST-7(P		
TITLE		L DELETE	4.1 TITLE ,	☐ Change ☐ Addition	
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRES	ESS	
CITY-ST-ZIP		- Deserte	4.4 CITY-ST-ZIP		
TITLE		☐ DELETÉ	5.1 TITLE	☐ Change ☐ Addition	
NAME STREET ADDRESS			5.2 NAME		
			5.3 STREET ADDRES	55	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	Change Addition	
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRES	20	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	∞	
OH OITER		·····	0.4 OH 1 - 51 - 21f		

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 re

1-14.92