**FILE NOW: FILING FEE AFTER MAY 1 IS $25.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **P94000069500 (4)**

1. Corporation Name

**PICCO LISSIMO CAFE & PIZZERIA, INC.**

Principal Place of Business

**336 TAMIAMI TRAIL NORTH**
**NAPLES FL 33940**

Mailing Address

**336 TAMIAMI TRAIL NORTH**
**NAPLES FL 33940**

3. Date Incorporated or Qualified: **09/19/1994**

3a. Date of Last Report: **11/02/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number or: **65-0518013** ☐ 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

**ELSAID, KAREN B**
**336 TAMIAMI TR. NORTH**
**C/O PICCO CAFE**
**NAPLES FL 33940**

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 607.1506, 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: Karen Elsaid President DATE: 3.29.96

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | **PSTD**<br>**ELSIAD, GOMAA**<br>**P.O. BOX 1691 N/A**<br>**NAPLES FL 33939** | ☑ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| | President<br>Elsaid, Karen<br>PO Box 11072<br>Naples FL 33941 | ☑ Change ☐ Addition |
| | | ☐ Change ☐ Addition |
| | | ☐ Change ☐ Addition |
| | | ☐ Change ☐ Addition |
| | | ☐ Change ☐ Addition |
| | | ☐ Change ☐ Addition |

14. I do hereby certify that the information supplied with this filing is true. I am aware that any false information submitted in a document to the Department of State for the purpose of obtaining or qualifying for the exemption stated in Section 119.07(3)(i), Florida Statutes, may expose me to criminal prosecution. 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:** Karen Elsaid President 3.29.96 941. 643-4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone

CR2E034 (12/95)