

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

37 JUN 23 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ~~P080000103040~~ (7)
P94000069500
Picco Lissimo Cafe & Pizzeria, Inc



Principal Place of Business
3803 Tamiami
TRAIL EAST
NAPLES FL 34112

Mailing Address
3803 TAMAMI TRAIL EAST
NAPLES FL 34112-6717

3. Date Incorporated or Qualified	3a. Date of Last Report 1996
4. FEI Number 0217015489	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. ☐ Check Corporation's liability for Federal and State taxes	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
NAPLES FL

10. Name and Address of New Registered Agent
81 Name Karen Elsaid
82 Street Address (P.O. Box Number is Not Acceptable) 3803 E Tamiami Tr
83
84 City Naples
85 Zip Code FL 34112

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: *Karen Elsaid* DATE: 4-29-97

12. OFFICERS AND DIRECTORS	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	

13. ADDITIONAL OFFICERS AND DIRECTORS	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
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)(c), 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: *K Elsaid*

CR2E034 (9/96)