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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P94000076521 (1)

1. Corporation Name
SALERNO'S ITALIAN RESTAURANT, INC.

Principal Place of Business
2909 NE 6TH AVE
WILTON MANORS FL 33334

Mailing Address
2909 NE 6TH AVE
WILTON MANORS FL 33334-2606

3. Date Incorporated or Qualified: 10/18/1994
3a. Date of Last Report: 06/18/1996

2. Principal Place of Business
21 499 E. Oakland Park Blvd.
Suite, Apt. #, etc.
22
City & State
23 Oakland Park, FL
Zip 24 33334 Country 25

2a. Mailing Address
26 499 E. Oakland Park Blvd.
Suite, Apt. #, etc.
27
City & State
28 Oakland Park, FL
Zip 29 33334 Country 30

4. FEI Number: 65-0528545 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution Disregard MISTAKE $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
TEMKIN, RONALD E
616 ATLANTIC SHORE BLVD #A
HALLANDALE FL 33009

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	SALERNO, CAROL	
STREET ADDRESS	912 SW 3RD AVE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	DST	☐ DELETE
NAME	SALERNO, NICHOLE	
STREET ADDRESS	515 SW 183RD WAY	
CITY-ST-ZIP	PEMBROKE PINES FL 33020	
TITLE	DV	☐ DELETE
NAME	SRBOVAN, VALENTINE	
STREET ADDRESS	515 SW 183RD WAY	
CITY-ST-ZIP	PEMBROKE PINES FL 33020	
TITLE	P	☐ DELETE
NAME	SALVINO, CAROL (Name misspelled (SALERNO)	
STREET ADDRESS	5901 NE 15TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	☐ Change ☐ Addition
1.2 NAME	SALERNO CAROL	
1.3 STREET ADDRESS	5901 NE 15th Ave	
1.4 CITY-ST-ZIP	FT. Lauderdale Fla. 33334	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	P	☐ Change ☐ Addition
4.2 NAME	SALERNO CAROL	
4.3 STREET ADDRESS	5901 NE 15th Ave	
4.4 CITY-ST-ZIP	FT Lauderdale Fla 33334	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Carol Salerno Pres. 3/12/97 954 938-[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone