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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90126 022 ***150.00

DOCUMENT # P94000076521

1. Corporation Name

SALERNO'S ITALIAN RESTAURANT, INC.

,	•								
Principal Place	e of Business	Mailing Address							
499 E OAKLANI	D PARK BLVD	499 E OAKLAND PARK E							
OAKLAND PARK FL 33334		OAKLAND PARK FL 33334				DO NOT WRITE IN THIS SPACE			
US		US				3. Date Incorporated or Qualifed	IN THIS OF A		
						10/18/1994			
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		App	lied For
21 21	lace of business	26				65-0528545	سيد ر. سيد	$\rightarrow \cdots$	Applicable
Suite, Apt.	#, etc.	- Suite, Apt. #, etc.					\$8	3.75 A	dditional
22		27				5. Certifcate of Status Desired		Fee Red	quired
City & State	e	City & State				6. Election Campaign Financing	\$	5.00	мау Ве
23	·	28			·	Trust Fund Contribution		Added to	Fees
Zip	Country	Zip		ıntry		8. This corporation owes the current			—
24	25	29	30			Personal Property Tax.	X _Y	-	□No
	9. Name and Address of Curre	nt Registered Agent		241	B1	10. Name and Address of New Reg	istered Agen	t	
TEAS	VINI DONALD E			81	Name				
	kin, ronald e atlantic shore blvd #A			82	Street Addres	ss (P.O. Box Number is Not Acceptable	e)		
1	LANDALE FL 33009					<u> </u>			
	FUNDALE LE 22009			83					
I				84	City		85	Zip C	ode
Int							FL °		
				<u> </u>		estion submits this statement for the pu	rnone of chan	aina ite i	enistered
11. Pursuant	to the provisions of Sections 607.05	e of Florida. Such change was	authorized	d by tr	ne corporation	oration submits this statement for the pun's board of directors. I hereby accept t	rpose of chan he appointmen	ging its o	registered iistered
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was	authorized	d by tr	ne corporation	oration submits this statement for the pun's board of directors. I hereby accept t	irpose of chan he appointmen	ging its on the as reg	registered jistered
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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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CiTY-ST-ZIP