

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

FILED

Mar 31 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000078429 (5)**

1. Corporation Name  
**JULIA BISTRO, INC.**



Principal Place of Business <b>619 CHESTNUT STREET 1559C S MYRTLE AVENUE CLEARWATER FL 34616 US</b>	Mailing Address <b>1559C S MYRTLE AVENUE CLEARWATER FL 34616-7118 US</b>
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3. Date Incorporated or Qualified <b>10/24/1984</b>	3a. Date of Last Report <b>04/12/1996</b>
4. FEI Number <b>59-3288088</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>45 NO. FT. HARRISON AVE</b>	2a. Mailing Address <b>Suite, Apt. #, etc.</b>
22. City & State <b>CLW. FLA.</b>	27. City & State <b>SAME</b>
23. Zip <b>34616</b>	28. Country <b>U.S.A</b>
24. Country <b>U.S.A</b>	30. Country <b>U.S.A</b>

9. Name and Address of Current Registered Agent <b>PONTRELLO, WILLIAM G 619 CHESTNUT STREET CLEARWATER FL 34616</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PRES</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PIOTTI, LUIGI</b>		1.2 NAME <b>PIOTTI JESSICA</b>	
STREET ADDRESS <b>1559C S MYRTLE AVENUE</b>		1.3 STREET ADDRESS <b>1559 So. MYRTLE AVE</b>	
CITY-ST-ZIP <b>CLEARWATER FL</b>		1.4 CITY-ST-ZIP <b>CLW FLA. 34616</b>	
TITLE <b>VPSE</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PIOTTI, JESSICA</b>		2.2 NAME	
STREET ADDRESS <b>1559C S MYRTLE AVENUE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>CLEARWATER FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>TRES</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PAONE, MICHAEL</b>		3.2 NAME	
STREET ADDRESS <b>109 17TH STREET</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>BELLEAIR BEACH FL</b>		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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: *M. Jessica Piotti* 3-26/97 813-442-6659  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)