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

**PROFIT CORPORATION ANNUAL REPORT** 1997



Sender B. Mortham

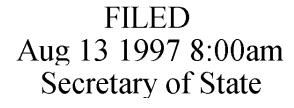
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400078674 (6)

TOMATOES - PIZZA, PASTARIA AND ITALIAN RESTAURAN T, INC.

Principal Place of Business

Mailing Address





2500 S. FEDER STUART FL 349 US		2500 S. FEDERAL HWY STUART FL 34994-4533 US						
00					3. Date Incorporated or Qualified 10/24/1994	3e. Date of Last 04/11/1996	Report	
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	F	Applied For	
21		26	26		65-0544714	N	lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	H ' '		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	h '		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip	Zip Country 30			Discription has liability for intangible tax under s. 199.032, Florida Statutes   ☑ Yes ☐ No		
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Reg	gistered Agent		
MAR	ASCO, LOUIS F			Name				
2250 S.E. LETHA CT., #6 STUART FL 34994				Street Add	Address (P.O. Box Number is Not Acceptable)			
010	TOTAL TE CHOOT		8	13				
				City	·		Code	
11. Pursuant office or reagent. I a	to the provisions of Soctions 607.0 egistered agent, or both, in the Sta im familiar with, and accept the obl	502 and 607.1508, Florida Statu ite of Florida. Such change was igations of, Section 607.0505, Fl	tes, the abo authorized lorida Statu	ove-named corp by the corpora tes.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing If the appointment a	its registered s registered	
SIGNATURE	Signature, typed or printed name of registered i	appet and title if explicable (MO)	TE: Stanisland	Angut signatura toqui	ited when reinstaling)	DATE		
12.		ND DIRECTORS	13.	Agent signature requi	ADDITIONS/CHANGES TO OFFIC		RS IN 12	
TITLE	Р	DELETE:	11 Titl	F		Change		
NAME	MARASCO, LOUIS F	_	1 2 NAN			_		
STREET ADDRESS	2250 S.E. LETHA CT., #6		1.3 STR	EET ADDRESS	•			
CITY-SF-ZIP	OTHER			r-ST-ZIP				
TITLE			2 1 TITL			☐ Change	Addition	
NAME	MARASCO, JERRY		2 2 NAM	1E				
STREET ADORESS	1000 S.E, LETHA CT., #6		2.3 STR	EET ADDRESS				
CITY-ST-ZIP	STUART FL		2.4 CIT	Y-ST-ZIP				
TITLE		DELETE	3 1 TITL			☐ Change	☐ Addition	
NAME			3.2 NAM	1E	•		Ì	
STREET ADDRESS			3.3 STR	EET ADDRESS			ŀ	
CITY-ST-ZIP			3.4 CIT	Y-ST-ZIP				
TITLE		DELFTE	4.1 7111	E		☐ Change	Addition	
NAME			4. 2 NA	ME				
STREET ADDRESS			4.3 S1R	EET ADDRESS				
∰ITY-ST-ZIP			4.4 CI11	(-ST-ZIP				
TITLE		DELETE	5.1 T(TL	E		☐ Change	☐ Addition	
NAME			5.2 NAM	AE			,	
STREET ADDRESS			5.3 STR	EET ADDRESS				
CITY-ST-ZIP			5.4 CIT	r-ST-ZIP				
TITLE		DELETE	6.1 1111			Change	Addition	
NAME	·		6.2 NAM	AE				
STREET ADDRESS			6.3 STP	EE1 ADDRESS				
CITY-ST-ZIP			6.4 CIT	r-ST-ZIP				

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