FILF NOW: FILING FEE A	AFTER M.	AY 1	IS	\$225.	.00
------------------------	----------	------	----	--------	-----

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000082117 (0)

DOCUMENT #	P94000082
MARIO'S ITALIAN G	RILL. INC.

Mailing Address Principal Place of Business

|--|

4950 NORTH DIXIE HA SUITE A FT. LAUDERDALE FL		4950 NORTH E Suite A Ft. Lauderda		3. Date Incorporated or Qualified 11/09/1994	3a. Date of Last Report 06/13/1995
2. Principal Place of Bu	isiness	2a. Maiting Addra	ess	4. Fel Number 65-056 1089	Applied For Not Applicable
Suite, Apt. #, etc	,	Suite, Apt. #	, etc	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	gramma sala ( )	Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip 29	Country 30		<b>53</b> No
24	25	rrent Registered Agent		10. Name and Address of New R	egistered Agent
<u>9. Na</u>	anie and Address of Oc	<u> </u>	81 Name		
KENNELLY, JO	OHN S		82 Street	Address (P.O. Box Number is Not Acceptat	ile)
4950 N. DIXIE HWY., SUITE "A" FORT LAUDERDALE FL 33334		83			
			<b>84</b> Crty		FL 85 Zip Code
or registered ager familiar with, and		Section 607.0505, Florida		orporation submits this statement for the pur- board of directors. Thereby accept the app	rpose of changing its registered offic xointment as registored agent. I am
OIGINATURE	22.2 cm - 22.0 cm - 2.0 cm - 2	* * * * * * * * * * * * * * * * * * *	# 2015 Households of Ages 1.5 July 199	makin out Arman marconal right.	FICERS AND DIRECTORS IN 12

	grature by ed or printed have a stroughbersh specific interior OFFICERS AND DIREC	CIORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. TITLE	DP	X DELETE	1 17716	C-lauge T vacuum
	MCCARTY, RICHARD		1.2 NAME	
NAME	4950 N. DIXIE HWY., STE. A		1.3 STREET ADORESS	
STREET ADDRESS	FT LAUDERDALE FL 33334		1.4 G/TY - \$1 - ZIP	CO Addition
CITY-ST-ZIP	I I Groot Wile I I Took	[ ] DELETE	2.1 Bil:E	DP Change X Addition
TITLE			2.2 NAME	Kennelly, John B.
NAME			2.3 STHEET ADDRESS	4950 N. Dixie Highway, Suite "A"
STHEET ADDRESS			2 4 CITY - ST - ZIP	Fort Lauderdale, FL 33334
CITY-ST-ZIP		DELETE	3 1 TITLE	Director / Vice-Pres. Change Addition
TITLE			3.2 NAME	Kennelly, Barbara C.
NAME			3.3 STREET ADDRESS	4950 N. Dixie Highway, Suite "A"
STREET ADDRESS			3.4 C/TY - S1 - Z/P	Fort Lauderdale, FL 33334
CITY - S? - ZIP		□ DELETE	4 ) TiTLE	Change Addition
TITLE			4 2 NAME	
NAME			4.3 STREET ADDRESS	
STREET ADDRESS				
City - \$1 - ZiP		E D DOLGTE	4.4 CHTY - ST - ZH <sup>2</sup> 5.1 THLE	Change Additio
TITLE		DELETE		
NAME			5 2 NAME	
STREET ADDRESS			5 3 STREET ADORESS	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	Change Addition
TITLE		☐ DELETE	6 TITLE	
NAME			E 2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
OUTV OF 710			6.4 CITY - ST - 7IP	Section 119 07/3/kh Flooda Statutes I further

64.011-31-02

14. I do hereby certify that the information supplied with this filing is vountarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 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 certify that I am an officer or director of this constraint 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.

John B. Kennelly, President 20196 SIGNATURE: