SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 25 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000093563 (2)**

1. Corporation Name
THAT'S ITALIAN, INC. WEST

Principal Place of Business	Mailing Address
4201 W HILLSBORO BLVD COCONUT CREEK FL	4201 W HILLSBORO BLVD COCONUT CREEK FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 65-0546690 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$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

KONE, EDWARD J ESQ
EDWARD J KONE PA
4400 N FEDERAL HWY TWR AT SANCTUARY #301
BOCA RATON FL 33431

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 607.1508, 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 _____ DATE _____
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D GENNARO, JOSEPH 5333 NW 55TH TER COCONUT CREEK FL 33073	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	VP Gennaro, Joseph 4201 West Hillsboro Boulevard Coconut Creek, Florida 33073	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D GENNARO, JAMES 12341 TIFTON CT BOCA RATON FL 33428	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	Sec. Gennaro, James 4201 West Hillsboro Boulevard Coconut Creek, Florida 33073	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D BARONE, VINCENT 22257 COLLINGTON DR BOCA RATON FL 33428	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	No longer officer or Director	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	Pres. & Treas. Gennaro, Thomas 4201 West Hillsboro Boulevard Coconut Creek, Florida 33073	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP		☐ Change ☐ Addition

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: X _____ 7-20-95 (305)698-6767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0104407 IN