

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

FILED  
Mar 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000019492 (4)

1. Corporation Name

GASTRONOMIA ITALIAN MARKET, INC.



Principal Place of Business

29 1/2 BLVD. OF PRESIDENTS  
SARASOTA FL 34236

Mailing Address

29 1/2 BLVD. OF PRESIDENTS  
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1995

4. FEI Number

65-0584402

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 7119 S. TAMiami TR.

Suite, Apt. #, etc.

22

City & State

23 SARASOTA, FL

Zip

24 34231

Country

25

2a. Mailing Address

26 7119 S. TAMiami TR.

Suite, Apt. #, etc.

27

City & State

28 SARASOTA, FL

Zip

29 34231

Country

30

9. Name and Address of Current Registered Agent

CASADIO, JOSEPH A

834 BOULEVARD OF THE ARTS, # 18  
SARASOTA FL 34236

*delete*

10. Name and Address of New Registered Agent

81 Name

DAVID W. BERGER

82 Street Address (P.O. Box Number is Not Acceptable)

7590 COMMERCE CT.

83

84 City

SARASOTA

FL

85 Zip Code

34243

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

*[Signature]* DAVID W. BERGER

(NOTE: Registered Agent signature required when reinstating)

3/25/98  
DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME CASADIO, JOSEPH  
STREET ADDRESS 834 BLVD. OF THE ARTS  
CITY-ST-ZIP SARASOTA FL  
☒ DELETE

TITLE VP  
NAME MCCULLOUGH, PAUL J.  
STREET ADDRESS 4205 WINNERS CIRCLE #525  
CITY-ST-ZIP SARASOTA FL  
☐ DELETE

TITLE S  
NAME LUONGO, GIUSEPPE  
STREET ADDRESS #201 1ST AVENUE WEST  
CITY-ST-ZIP BRADENTON FL  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT  
1.2 NAME DAVID W. BERGER  
1.3 STREET ADDRESS 1310 HILLVIEW DRIVE  
1.4 CITY-ST-ZIP SARASOTA, FL 34239  
☐ Change ☒ Addition

2.1 TITLE VP  
2.2 NAME Paul McCullough  
2.3 STREET ADDRESS 6955 Midnight Pass Rd.  
2.4 CITY-ST-ZIP SARASOTA FL 34242  
☒ Change ☐ Addition

3.1 TITLE Secretary  
3.2 NAME Giuseppe Luongo  
3.3 STREET ADDRESS 4418 74th Ave. E.  
3.4 CITY-ST-ZIP SARASOTA FL 34243  
☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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.

CR2E034 (10/97)