

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

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**Mar 30 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P95000019492 (4)
1. Corporation Name
GASTRONOMIA ITALIAN MARKET, INC.



Principal Place of Business Mailing Address
29 1/2 BLVD. OF PRESIDENTS SARASOTA FL 34326 **29 1/2 BLVD. OF PRESIDENTS SARASOTA FL 34326**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 **7119 S. TAMiami TR.** 26 **7119 S. TAMiami TR.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **SARASOTA, FL** 28 **SARASOTA, FL**
Zip Country Zip Country
24 **34231** 25 Country 29 **34231** 30 Country

3. Date Incorporated or Qualified
03/06/1995

4. FEI Number Applied For
65-0584402 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
CASADIO, JOSEPH A
934 BOULEVARD OF THE ARTS, # 18
SARASOTA FL 34238

10. Name and Address of New Registered Agent
81 Name **DAVID W. BERBER**
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 ~~resigning~~ and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **DAVID W. BERBER** DATE **3/25/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CASADIO, JOSEPH	
STREET ADDRESS	934 BLVD. OF THE ARTS	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MCCULLOUGH, PAUL J.	
STREET ADDRESS	4205 WINNERS CIRCLE #525	
CITY-ST-ZIP	SARASOTA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LUONGO, GUISEPPE	
STREET ADDRESS	#201 1ST AVENUE WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DAVID W. BERBER	
1.3 STREET ADDRESS	1310 HILLVIGIO DRIVE	
1.4 CITY-ST-ZIP	SARASOTA, FL 34239	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Paul McCullough	
2.3 STREET ADDRESS	6955 Midnight Pass Rd.	
2.4 CITY-ST-ZIP	SARASOTA FL 34242	
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Giuseppe Luongo	
3.3 STREET ADDRESS	4418 74th Ave. E.	
3.4 CITY-ST-ZIP	SARASOTA FL 34243	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, on an attachment with an address.

CR2E034 (10/97)