

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

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Jun 17 1997 8:00am  
Secretary of State

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| <b>PROFIT CORPORATION ANNUAL REPORT 1997</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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Morham<br>Secretary of State<br>DIVISION OF CORPORATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| DOCUMENT # <u>P95000025657</u><br>1. Corporation Name<br><b>SAL'S ITALIAN RISTORANTE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| Principal Place of Business<br><b>4801 Linton Blvd.<br/>         Bay 12-A<br/>         Delray Beach, FL 33445</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| 2. Principal Place of Business<br>21. <b>4801 Linton Blvd.</b><br>Suite, Apt. #, etc.<br>22. <b>Bay 12-A</b><br>City & State<br>23. <b>Delray Beach, FL</b><br>Zip<br>24. <b>33445</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 2a. Mailing Address<br>25. <b>6601 Lyons Road</b><br>Suite, Apt. #, etc.<br>27. <b>Suite I-9</b><br>City & State<br>28. <b>Coconut Creek, FL</b><br>Zip<br>29. <b>33073</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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                                                      | 3. Date Incorporated or Qualified<br><b>03/31/1995</b><br>3a. Date of Last Report<br><b>?</b><br>4. FEI Number<br><b>65-0601366</b><br>Applied For<br><input type="checkbox"/> Not Applicable<br>5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b><br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| 9. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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Name and Address of New Registered Agent                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| 81. Name<br><b>Stellino, Salvatore</b><br>82. Street Address (P.O. Box Number is Not Acceptable)<br><b>6601 Lyons Road</b><br><b>Suite I-9</b><br>84. City<br><b>Coconut Creek, FL</b><br>85. Zip Code<br><b>33073</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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Name<br><b>Stellino, Salvatore</b><br>82. Street Address (P.O. Box Number is Not Acceptable)<br><b>6601 Lyons Road</b><br><b>Suite I-9</b><br>84. City<br><b>Coconut Creek, FL</b><br>85. Zip Code<br><b>33073</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| SIGNATURE _____ DATE _____<br>12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE <input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION<br>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| 12. OFFICERS AND DIRECTORS<br>1. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>2. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>3. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>4. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>5. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>6. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>7. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>8. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>9. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>10. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>11. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>12. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>13. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>14. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>15. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>16. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>17. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>18. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>19. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>20. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>21. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>22. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>23. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>24. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>25. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>26. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>27. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>28. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>29. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>30. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>31. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>32. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>33. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>34. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>35. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>36. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>37. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>38. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>39. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>40. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>41. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>42. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>43. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>44. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>45. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>46. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>47. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>48. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>49. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>50. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>51. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>52. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>53. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>54. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>55. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>56. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>57. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>58. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>59. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>60. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>61. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>62. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>63. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>64. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>65. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>66. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>67. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>68. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>69. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>70. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>71. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>72. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>73. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>74. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>75. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>76. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>77. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>78. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>79. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>80. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>81. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>82. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>83. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>84. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>85. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>86. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>87. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>88. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>89. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>90. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>91. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>92. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>93. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>94. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>95. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>96. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>97. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>98. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>99. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>100. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12<br>1. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>2. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>3. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>4. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>5. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>6. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>7. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>8. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>9. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>10. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>11. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>12. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>13. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>14. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>15. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>16. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>17. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>18. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>19. NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>20. 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NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/97

954-427-6559

Date

Calling Number

CR2E034 (9/96)