FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000047219 (7) DOCUMENT # 1. Corporation Name

ALIGY'S	RESTAURANT	ደ	PI77A	ROARD	ΩF	ROCA.	INC.
AUGI 0	HEG I AUHANI	u	11447	UUNIIU	vı	レンマス	1110

Principal Place of Business Mailing Address



1501 N.W. 2ND AVE. BOCA RATON FL 33432			1501 N.W. 2ND AVE. BOCA RATON FL 33432							
						3. Date Incorporated or Qualified 06/13/1995	3a. Date	of Last	Report	
2. Principal Pla	ace of Business	2a. Mailing Addre	ss			4. FEI Number	_	L	Applied For	
21		26	26			45-061653	<u>ی</u>	_[_	Not Applicable	
Suite, Apt. #, etc. 22 City & State 33		Surte, Apt. #,	Suite, Apt. #, etc. 27 City & State 28			5. Certificate of Status Desired S8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees				
		<u>├</u> ─┐ '								
Ζι υ 1	Country 25	Ζήρ 29]	Gour 30	ntry			□ No		s 199.032,	
-1	g. Name and Address of Cur	rent Registered Agent				10. Name and Address of New R	legistered A	gent		
				81	Name					
GAYLOF	RD, MARC R		<u> </u>	82	Street Add	iress (P.O. Box Number is Not Acceptab	ole)			
	FEDERAL HWY., SUITE 306B	3								
BOCA F	RATON FL 33431		ļ	83						
				84	City		FL	85	Zip Code	
or register familiar wi SIGNATURE	red agent, or both, in the State of Fifth, and accept the obligations of, S	Section 607.0505, Florida S	authorized by the d Statutes. ທີ່ພົກໄປ Engistered			and of directors. Thereby accept the appropriate accept the appropriate acceptance and acceptance acceptance.	ointment as i	register	red agent. I am	
12.		AND DIRECTORS	13.	- F4 -1		ADDITIONS/CHANGES TO OFF		DIREC	TORS IN 12	
TILE	D	DELF	·[E 1.1 TI	ī.ŧ) Chang		
NAME	VULTAGGIO, AGOSTINO		1.2 NA	ME						
STREET ADDRESS	1501 N.W. 2ND AVE.		1.3 ST	KEFI	ADDRESS					
CITY ST-ZIP	BOCA RATON FL 33432			1 Y - S	S1 - ZIP					
TITLE		Dete	TE 2 1 71	I LE] Chanç	ge 🔲 Addition	
NAME			2.5 MA	MF						
STREET ADDRESS			2381	REEL	LADDRESS					
CITY - ST - ZIP		Γ) DELE	240		ST - ZIF			Chang	ge	
NºLE		L3 perc	: JE 3 1 TI 3 2 NA				L.] Outrie	gs 🔲 Addition	
NAME STREET ADDRESS					I ADDRESS					
DITY - ST - ZIP					37 - ZiP					
lifiat		DELI] Chang	ge 🔲 Addition	
NAME		_	4.2 NA	im/						
STREET ADDRESS			4351	REET	1 ADDRESS					
CHY-ST-ZIP				TY - 5	ST-ZIP					
TITLE		[] DELI				9000017 : -03/07/9601	058h	⊉014d) 19	ye 🔲 Addition	
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Crity - ST - Ziff		DEL			S1 - 24P		F	Chang	g∈	
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NAME STREET AUDRESS					1 ADDRESS					
					SI-ZP					
CITY-ST-7IP	<u> </u>		040	11:3	ويباتا		03/0.53 50			

14. I do hereby certify that the information supplied with this fing is voluntarily 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 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: