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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

ANNUAL REPORT Secretary of State - V* 1996 DIVISION OF CORPORATIONS P95000055400 (2) DOCUMENT # 1. Corporation Name

IACOVELLA'S OF LAKELAND, INC.																						1	
Principal Place	of Business				Maling Address						7	1 1881	001 IIE 10			JIM FI						ŀ	
11710 NORTH 51ST STREET TAMPA FL 33617				11710 NORTH 51ST STREET TAMPA FL 33617																			
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2. Principal Place of Business					2a. Mailing Address							4	FEI Nun		201	7-7-	27				+	lied For	
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Zip 24	Country 25				Ζφ 30				Country			8.	This con						tax (under	s 19	9.032,	
24	9, Name and Address of Curren			Current									Florida Statutes Yes No 10. Name and Address of New Registered Agent										
									81	N	ame							3				-	
CORPORATION SERVICE COMPANY									82 Street Addr			ess (P.O. Box Number is Not Acceptable)											
1201 HAYS STREET									Street Addi			755 (° -	.c. box i	TO TROOT	13 1401	Accep	reioie	**					
TALLAHA	ISSEE FL	32301-2	525						83														
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or registere	ed agent, or	both, in	the State	of Florida	Such	change w	as authorize	d by th	e corb	orat	ion's board	acon so d of de	rectors T	hereby	accet meur	of the a	purp purp	ntment	as re	ang its gisteri	s regis ed agi	ent Lan	nice
	h, and acce	pt the on	ligations o	of, Section	1 607.0	isOs, Florid	a Statutes.																
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14. I do hereby	y certify that	the infor	nation sc	ipplied wit	h this f	iling is vol.	intarily furnis					r the c	exemption	n stated	l in Se	ction 1	19.0	7(3)(k), F	Florid	a Stat	utes.	Lfurther	

certify that the information indicated on this annual report or supplieriental 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 121ff langed, or on an attackment with an address

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF