

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000071936

1. Corporation Name

LARIANO'S FOOD SERVICE, INC.

Principal Place of Business

Mailing Address

N/A
NO LONGER IN
BUSINESS

1954 N. RABECK AVE.
LECANTO, FLORIDA
34461

2. Principal Place of Business

21

Suite, Apt #, etc

22

City & State

23

Zip

Country

24

25

9. Name and Address of Current Registered Agent

AURIGEMMA, MARTIN L.
1954 NORTH RABECK AVE.
LECANTO, FL. 34461

2a. Mailing Address

26

1954 North Rabeck Ave

Suite, Apt #, etc

27

City & State

28

LECANTO, FLORIDA

Zip

Country

29

30

USA

81 Name

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

83

84 City

FL 85 Zip Code

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, typed or printed name of registered agent and title of appointment

(NOTE: Registered Agent signature required when not a director)

(DATE)

12. OFFICERS AND DIRECTORS

[] DELETE

P
AURIGEMMA, MARTIN L.
1954 NORTH RABECK AVE.
LECANTO, FL. 34461

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ST
AURIGEMMA, NORMA N.
1954 NORTH RABECK AVE.
LECANTO, FL. 34461

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13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Add

200002798912-6

-03/09/99-01032-004

****150.00 ****150.00

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTIN L. AURIGEMMA

3/8/99 99AL 746-9715

100

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CR2E034 (11/98)