

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000083759 (7)**

1. Corporation Name

**JOSEPH'S ITALIAN RESTAURANT, INC.**



Principal Place of Business

**208 15TH AVENUE SOUTH  
JACKSONVILLE FL 32250**

Mailing Address

**208 15TH AVENUE SOUTH  
JACKSONVILLE FL 32250**

3. Date Incorporated or Qualified

**11/01/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **9802 Baymeadows Rd**

26 **6230 Grayling Dr.**

4. FEI Number

**59-3337905**

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

**Jacksonville, FL**

**Jacksonville, FL**

24 Zip Country

29 Zip Country

**32256 Duval**

**32256 Duval**

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BATEH, SUZANNE  
208 15TH AVENUE SOUTH  
JACKSONVILLE BEACH FL 32250**

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 the date)

(If Title Registered Agent Signature Required, when filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**D BATEH, SUZANNE  
208 15TH AVENUE SOUTH  
JACKSONVILLE FL 32250**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**D HANANIA, SANDRA  
6230 GRAYLING DRIVE  
JACKSONVILLE FL 32256**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**D HANANIA, HANANIA M  
6230 GRAYLING DRIVE  
JACKSONVILLE FL 32256**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

*H.M. Hanania*

*H.M. Hanania*

*4/15/96*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)