## 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

> > 30

1996

**DOCUMENT #** 

P95000088218 (9)

 Corporation Name AGOSTINO'S INC.

Principal Place of Business 3078 NO. TAMIAMI TRAIL NAPLES FL 33940

2. Principal Place of Business

Suite, Apt. #, etc

City & State

Zip

SIGNATURE.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-S1-ZIP

CITY-ST-ZIP

CITY-S1-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

12.

THUE

NAME

TITLE

NAME

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NAME

TITLE

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3078 11.

SCIACQUA, GUS G

3078 NO. TAMIAMI TRAIL NAPLES **4** 33940

Mailing Address

2a. Mailing Address

City & State

Zio

Suite, Apt. #, etc.

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

26

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29

Country

9. Name and Address of Current Registered Agent

Star ature, typed or printed name of registered agent and tide if applicable

PRESIDENT Gus O. Scinequa

3078 N. TAMIANI TK.

NAPLES, FLA 33940

SECRETARY. GUS G. SCIACQUA 3078 N. TAMIAMI TR

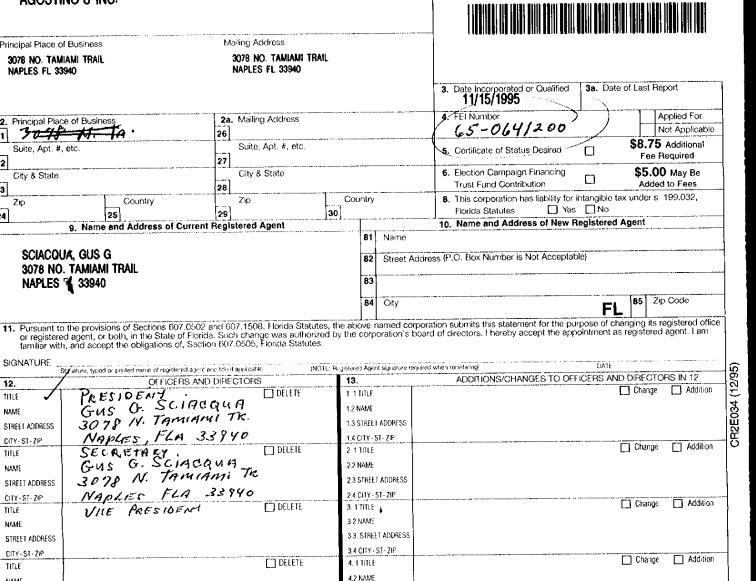
NAPLES FLA 33840

VILE PRESIDENT

OFFICERS AND DIRECTORS

25

3078 NO. TAMIAMI TRAIL NAPLES FL 33940



**5000018124** -05/07/96--01172--0

Date

\*\*\*200.00

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 early, 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CHY-ST-ZIP

6.4 CITY - ST - ZIP

4.4 CITY - \$3 - ZIP

5 1 TITLE

5.2 NAME

6 1 TITLE

6.2 NAME 6.3 STREET ADDRESS

craigue OFFICER OR DIRECTOR

Dayt me Phone ≢

Change

Addition

Addition