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 # **P95000088218**

AGOSTINO'S INC.

	ce of Business	Mailing Address						11 (100) 10() 100)
3078 NO. TAM	IAMI TRAIL	3078 NO. TAMIAMI TRAIL				·		
NAPLES FL 24103		NAPLES FL 34103				PO HOT WOLLD IN THE OFFICE		
US		U\$			•	DO NOT WRITE IN THIS SPACE		
1						3. Date Incorporated or Qualifed		ĺ
	<u> </u>					11/15/1995		
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		pplied For
21		26		_,_		65-0641200		ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22		27					Fee R	equired
City & Sta	te	City & State				6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Cour	ntry	•	8. This corporation owes the current year Inta		
24	25		30			1	☐ Yes	E3No
•	9. Name and Address of Currer			81	N1	10. Name and Address of New Registered A	gent	
ecu	ACQUA, GUS G	Service Service of the Control of th		81	Name			
			F	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	BÎNO. TAMIAMI TRAIL	·				experience of the contract of the desired of	ويوا ومارا وي	1.00 1310 1-0
NAP	LES FL 33940			83			1	
			}	84	City	\$ 15 (4.5) + 1.5 (5.1) 1.7 (5.1) 2.6 (1.7) 2.7 (1.7) 2.7 (1.7) 3.7 (85 Zip	Code
rain te tairi				٦-	City	FL	63 Zip	0006
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the ab	ove-	named corpo	pration submits this statement for the purpose of c	hanging its	s registered
office or i	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was au itions of, Section 607.0505, Flori	ithorized ida Statul	by ti ites.	ne corporation	n's board of directors. I hereby accept the appoin	tment as re	egistered
SIGNATURE	, ,	·					,	
Signature, typed or printed name of registered agent and title if applicable. (NOTÉ:			Registered A	Agent	signature required	when reinstating) 3		
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	
TITLE	PVS	☐ DELETE	1.1 TITL	LΕ			☐ Change	☐ Addition
NAME	SCIACQUA, GUS G.			-		*		. 1
STREET ADDRESS			1.2 NAN	ME				1
	3078 NO. TAMIAMI TRAIL				ADDRESS			*
CITY-ST-ZIP	3078 NO. TAMIAMI TRAIL NAPLES FL 33940			REET				*
TITLE		☐ DELETE	1.3 STR	REET A			☐ Change	☐ Addition
		☐ DELETE	1.3 STR	REET # Y-ST- LE			Change	☐ Addition
TITLE		☐ DELETE	1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM	Y-ST- LE ME			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS		□ DELETE .	1.3 STR 1.4 CITA 2.1 TITL 2.2 NAM 2.3 STR	Y-ST- LE ME REET A	ZIP ADDRESS	· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition
TITLE NAME		□ DELETE	1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM	Y-ST- LE ME REET A	ZIP ADDRESS		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL	Y-ST- LE ME REET A TY-ST- LE	ZIP ADDRESS		·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			1.3 STR 1.4 CITO 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA	Y-ST- LE ME REET A IY-ST- LE	ZIP ADDRESS -ZIP		·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR	Y-ST- LE ME REET A IY-ST- LE ME	ZIP ADDRESS - ZIP ADDRESS		·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		© y 13 to 10 DELETE	1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT	Y-ST- LE ME REET A Y-ST- LE ME REET A	ZIP ADDRESS - ZIP ADDRESS	1. at a new at 1995 (1814 a de 14	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			1.3 STR 1.4 CID 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT 4.1 TITL	Y-ST- LE ME REET A IY-ST- LE ME Y-ST- LE	ZIP ADDRESS - ZIP ADDRESS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	NAPLES FL 33940 LICALA AND GA NOT TREASON AND AND AND AND AND AND AND AND AND AN	© y 13 to 10 DELETE	1.3 STR 1.4 CITO 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM	Y-ST- LE ME REET A IY-ST- LE ME REET A IY-ST- LE	ZIP ADDRESS -ZIP ADDRESS -ZIP	1. at a new at 1995 (1814 a de 14	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	NAPLES FL 33940 LICALA AND GA NOT TREASON AND AND AND AND AND AND AND AND AND AN	© y 13 to 10 DELETE	1.3 STR 1.4 CID 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAJ 4.3 STR	Y-ST- LE ME REET A IY-ST- LE ME Y-ST- LE	ZIP ADDRESS - ZIP ADDRESS - ZIP ADDRESS	1. at a new at 1995 (1814 a de 14	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAPLES FL 33940 LICALA AND GA NOT TREASON AND AND AND AND AND AND AND AND AND AN	DELETE	1.3 STR 1.4 CID 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAA 4.3 STR 4.4 CID	REET A Y-ST- LE ME IY-ST- LE ME REET A Y-ST- LE ME REET A Y-ST-	ZIP ADDRESS - ZIP ADDRESS - ZIP ADDRESS	1. at a new at 1995 (1814 a de 14	☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE	NAPLES FL 33940 LICALA AND GA NOT TREASON AND AND AND AND AND AND AND AND AND AN	© y 13 to 10 DELETE	1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR 2. 4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAA 4.3 STR 4.4 CIT 5.1 TITL	Y-ST-LE WE REET A Y-ST-LE WE REET A Y-ST-LE WE REET A Y-ST-LE	ZIP ADDRESS - ZIP ADDRESS - ZIP ADDRESS	1. at a new at 1995 (1814 a de 14	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	NAPLES FL 33940 LICALA AND GA NOT TREASON AND AND AND AND AND AND AND AND AND AN	DELETE	1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAA 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAA	Y-ST-LE ME REET A Y-ST-LE ME REET A Y-ST-LE ME Y-ST-LE ME HE	ZIP ADDRESS ADDRESS ADDRESS ZIP ADDRESS	1. at a new at 1995 (1814 a de 14	☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAPLES FL 33940 LIBRA AND GARAGE NO. TENNOS TO	DELETE	1.3 STR 1.4 CITM 2.1 TITM 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITM 3.2 NAA 3.3 STR 3.4 CITM 4.2 NAA 4.3 STR 4.4 CITM 5.1 TITM 5.2 NAA 5.3 STR	Y-ST-LE ME REET A Y-ST-LE ME REET A REET A REET A REET A REET A	ZIP ADDRESS ADDRESS ADDRESS ZIP ADDRESS ZIP	1. at a new at 1995 (1814 a de 14	☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAPLES FL 33940	DELETE DELETE	1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAA 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAA 5.3 STR 5.3 STR 5.4 CIT 5.4 CIT 5.4 CIT 5.4 CIT 5.4 CIT 5.4 CIT 5.4 CIT 5.4 CIT 5.4 CIT 5.5 CIT 5.5 CIT 5.6 CIT 5.6 CIT 5.6 CIT 5.7 CIT 5.	Y-ST-LE ME REET A Y-ST-LE ME REET A ME REET A ME REET A ME REET A Y-ST-LE ME REET A Y-ST-LE	ZIP ADDRESS ADDRESS ADDRESS ZIP ADDRESS ZIP	The street of the State	☐ Change ☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAPLES FL 33940 LICENAL FIELD G. NOT TERRORE FL. ES FT 0 1000	DELETE	1.3 STR 1.4 CITM 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAA 4.3 STR 4.4 CITM 5.1 TITL 5.2 NAA 5.3 STR 5.4 CITM 6.1 TITL	Y-ST-LE ME REET A Y-ST-LE ME REET A Y-ST-LE ME REET A REET A Y-ST-LE ME REET A	ZIP ADDRESS ADDRESS ADDRESS ZIP ADDRESS ZIP	The street of the State	☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAPLES FL 33940	DELETE DELETE	1.3 STR 1.4 CITM 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAA 4.3 STR 4.4 CITM 5.1 TITL 5.2 NAA 5.3 STR 5.4 CITM 6.1 TITL 6.2 NAA	Y-ST-LE ME REET A ME	ZIP ADDRESS ADDRESS ADDRESS ZIP ADDRESS ZIP	The street of the State	☐ Change ☐ Change	Addition Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 appreas, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90016 007 ***150.00