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FILED

May 13 1997 8:00am  
Secretary of State

PROFIT-CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000018505

1. Corporation Name

BELLA NOTTE ITALIAN CUISINE, INC.

Principal Place of Business

3340 S. WESTSHORE BLVD  
TAMPA, FL. 33629

Mailing Address

901 LIVE OAK AVE  
ST. PETERSBURG, FL. 33703

3. Date Incorporated or Qualified

3a. Date of Last Report

2. Principal Place of Business

21 1353 SNELL ISLE BLVD

2a. Mailing Address

26 901 LIVE OAK AVE

4. FEI Number

59-3375525

Applied For

Not Applicable

22 Suite, Apt. #, etc.

22

27 Suite, Apt. #, etc.

27

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 City & State

23 ST. PETERSBURG, FL

28 City & State

28 ST. PETERSBURG, FL

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24 Zip

24 33704

25 Country

25

29 Zip

29 33703

30 Country

30

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

9. Name and Address of Current Registered Agent

JOSEPH COLLURA  
901 LIVE OAK AVE  
ST. PETERSBURG, FL. 33703

10. Name and Address of New Registered Agent

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 for principal place of registered agent and state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	JOSEPH COLLURA	
STREET ADDRESS	901 LIVE OAK AVE	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33703	
TITLE	D VP S	<input checked="" type="checkbox"/> DELETE
NAME	CHARLES SCARDINO	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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\*\*\*165.00

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 address.

SIGNATURE: *Joseph Collura* JOSEPH COLLURA, Pres.

5/11/97  
Date Daytime Phone #

CR2E034 (9/96)