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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600051300

1. Corporation Name

CANNOLI KITCHEN, INC.

**BOCA RATON FL 33432** 

Mailing Address

2001 N FEDERAL HIGHWAY BOO

24

2001 N FEDERAL HIGHWAY

## **FILED** Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90097 023 \*\*\*150.00



85

Zip C ode

CA RATON FL 33432		BOCA RATON FL 33432				DO NOT WRITE IN THIS SPACE						
						3.	Date Incorporated or Qualifed 06/14/1996					
Principal Place of Business		2a. Mailii	ng Address			4.	, FEI Number		Applied For			
		26					65-0679678		No Applicable	1		
Suite, Apt. #, e	tc.	Suite, Apt. #, etc.				5, Certifcate of Status Desired			\$8.75 Additional Fee Required			
City & State		City & State				6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip	Country	Zip	30 Cor	untry		8.	. This corporation owes the current year Interpretation Personal Property Tax.	angible <b>D</b> Yes	□No			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent							
299 CAI	, ryan e esq Mino gardens Boulevard			81 82	Name Street A idre	ıss (l	P.O. Box Number is Not Acceptable)			_		
SUITE 204				83								

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 egistered 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

City

agent. I am familiar with, and a œpt the obligat⊧ons of, Section 607.0505, Florida Statutes.											
SIGNATURE  Stonature, typed or printed nome of registered agen and title if applicable. (NOTE: Registered Agent signature required when reinstating):  DATE											
12.	OFFICERS AND DIRECTORS		13.		NS/CHANGES TO OFFICERS AND DIRECTO		RS IN 12				
TITLE	DPVS	☐ DELETE	1.1 TITLE				☐ Change	☐ Addition			
NAME	GISMONDI, ARTURO G		1.2 NAME								
STREET ADDRESS	2001 N FEDERAL HIGHWAY		1.3 STREET ADDRESS								
CITY-ST-ZIP	BOCA RATON FL 33432		1.4 CITY-ST-ZIP								
TITLE	T	☐ DELETE	2.1 TITLE				☐ Change	☐ Addition			
NAME .	GISMONDI, ARTURO G		2.2 NAME								
STREET ADDRESS	2001 N FEDERAL HIGHWAY		2.3 STREET ADDRESS								
CITY-ST-ZIP	BOCA RATON FL 33432		2. 4 CiTY-ST-ZIP								
TITLE		☐ DELETE	3.1 TITLE				☐ Change	☐ Addition			
NAME			3.2 NAME								
STREET ADDRESS			3.3 STREET ADDRESS								
CITY-ST-ZIP			3.4. CITY-ST-ZIP								
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition			
NAME			4.2 NAME								
STREET ADDRESS			4.3 STREET ADDRESS								
CITY-ST-ZIP			4.4 CITY-ST-ZIP								
TITLE		□ DELETE	5.1 TITLE				Change	Addition			
NAME			5.2 NAME								
STREET ADORESS			5.3 STREET ADDRESS								
CITY-ST-ZIP			5.4 CITY-ST-ZIP								
TITLE		DELETE	6.1 TITLE				Change	☐ Addition			
NAME			6.2 NAME								
STREET ADDRESS			6.3 STREET ADDRESS					İ			
CITY-ST-ZIP			6.4 CITY-ST-ZIP								

I heret y 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 corpogation or the receiver of 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 attact men with an address, with ε II other like empowered.

SIGNATURE: