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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Jan 20 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000058938 (7)

ROBERTO'S ITALIAN RESTAURANT & PIZZERIA, INC.

officer or director of the corporation or the receiver of Block 12 or Block 13 if changed, or out in attachmen

| Principal Place of Business | | Mailing Address | Mailing Address | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------|------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| 5700 NORTH FEDERAL HIGHWAY | | 5700 NORTH FEDERAL | 5700 NORTH FEDERAL HIGHWAY | | | |
| BOCA RATON FL 33487 | | BOCA RATON FL 33487 | BOCA RATON FL 33487 | | DO NOT MIDITE IN TUIO | 00401 |
| | | | | | DO NOT WRITE IN THIS | SPACE |
| | | | | | 3. Date Incorporated or Qualified | |
| | | | | | 07/15/1996 | |
| | lace of Business | 2a. Mailing Address | <u>├</u> | | 4. FEI Number | Applied For |
| 21 | | 26 | | | 65-0686073 | Not Applicable |
| Suite, Apt. #, etc. | | h 1 | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Reguired |
| 22 | | C.t. P. State | | | | - |
| City & State | | i i i | City & State | | 6. Election Campaign Financing | \$5.00 May Be Added to Fees |
| 23 | Country | 28 | Country | | 1rust Fund Contribution | |
| Zip | Country | Zip | 1 | f | This corporation owes or has paid the cure. Personal Property Tax due June 30. | rrent year Intangrole |
| 24 | 25 9. Name and Address of C | [29] | 30 | | 10. Name and Address of New Registered | |
| | Total Tregistered Agent | 81 | Name | 10, romo ana rasioso o ricon riogistares | | |
| | TONINO TRIBUMELLO | | | | | |
| 5580 N. FEDERAL HWY | | | 82 Street Ad | | dress (P.O. Box Number is Not Acceptable) | , |
| RO | CA RATON FL 33487 | | 83 | | | |
| | | | 63 | | | |
| | | | 84 | City | F= 1 | 85 Zip Code |
| | 4.4 | | | l | FL | • |
| 11. Pursuant | to the provisions of Sections 60 egistered agent, or both, in the | i7.0502 and 607.1508, Florida Statu State of Horida, Such change was | utes, the abov s authorized b | e-named cor v the corpora | poration submits this statement for the purpose of ition's board of directors. I hereby accept the ap- | of changing its registered pointment as registered |
| 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 Llorida. 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, typical or professional or of registered agent and table if apply abit. (NOTE Registered Agent signature required which romatiting) DATE DATE | | | | | | |
| | Signature, typed or printed name of register | <u></u> | | ent signature requ | | D DIDEOTODO (11.40 |
| 12. | | IS AND DIRECTORS DEFINE | 13. | | ADDITIONS/CHANGES TO OFFICERS AN | Change Addition |
| TITLE | D TOIDHNELLA ANTONING | | 1.1 TOLE | | | L briange L Robinon |
| NAME | TRIBUNELLA, ANTONINO | , | 1.2 NAME | | | |
| STREET ADDRESS | 5580 N. FEDERAL HWY | | 1.3 STREET | ADDRESS | | |
| CITY-ST-ZIF | BOCA RATON FL | | 1.4 CITY-! | S1 - Z(P | | D Observed |
| TITL€ | TOURING LA JOSEOURI | DELETE | 2.1 TiTLE | | | Change Addition |
| NAME | TRIBUNELLA, JOSEPHIN | t | 2.2 NAME | | | |
| STREET ADDRESS | 5580 N. FEDERAL HWY | | 2.3 STREET | ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON FL | | 2. 4 CITY- | S1 - 7(P | | |
| TITLE | | [_] DECITE | 3.1 TITLE | | | Change Addition |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | | | 3.3 STREET | | | |
| CITY-ST-ZIP | | | 3.4. CITY- | ST-2IP | | |
| THILE | | ☐ DELETE | 4.1 TITLE | | | Change Addition |
| NAME | | | 4. 2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREE | ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CHY-1 | S1- ZIP | | |
| TOLE | | ☐ DELETE | 5.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | | |
| STREE1 ADDRESS | | | 5.3 STRÆE | ADDRESS | | |
| CHY-ST-ZIP | | | 5.4 C(1Y - 5 | S1-202 | | |
| TITLE | | ☐ DEL ETE | 6 1 717LF | | | Change Maddition |
| NAME | | | 6 2 NAME | | | } |
| STREET ADDRESS | | | 6.3 STREE | ADDRESS | | · |
| CITY-S1-ZIP | | | 6.4 CITY-3 | 61 - ZIP | | |
| 14. Thereby o | certify that the information suppl | fied with this filing does not quality | o le exemp | tion stated in | n Section 119.07(3)(i), Florida Statutes. I further o | ertify that the information |
| indicated on this annual report or supplemental annual report is trick and all Juyate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or frustee) employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in | | | | | | |