FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000063951 (3)**

1. Corporation Name
MARTELLO'S PIZZA & ITALIAN RISTORANTE, INC.

Principal Place of Business
11016 ST. AUGUSTINE ROAD
SUITE 107
JACKSONVILLE FL 32257

Mailing Address
11016 ST. AUGUSTINE ROAD
SUITE 107
JACKSONVILLE FL 32257-1023

3. Date Incorporated or Qualified: 07/26/1996
3a. Date of Last Report:

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-3390792 — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
ROTHSTEIN, SIMON D
4417 BEACH BOULEVARD
SUITE 104
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent
81 Name: JOHN K WING
82 Street Address (P.O. Box Number is Not Acceptable): 11018 OLD ST. AUGUSTINE RD SUITE 107
83
84 City: JACKSONVILLE FL 85 Zip Code: 32257

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: John K. Wing — Signature, typed or printed name of registered agent and title if applicable. JOHN K. WING (NOTE: Registered Agent signature required when reinstating) DATE: 4/15/97

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	WING, JOHN K	
STREET ADDRESS	11016 ST. AUGUSTINE ROAD, SUITE 107	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	SD	☐ DELETE
NAME	WING, PATRICIA E	
STREET ADDRESS	11016 ST. AUGUSTINE ROAD, SUITE 107	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: JOHN K. WING

CR2E034 (9/96)