

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

FILED

May 02 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 # P96000086318 (8)

1. Corporation Name

STALLONE'S MARKETPLACE & CAFE, INC.



Principal Place of Business

424 KNIGHTS RUN AVENUE
TAMPA FL 33602

Mailing Address

424 KNIGHTS RUN AVENUE
TAMPA FL 33602-5714

2. Principal Place of Business

2a. Mailing Address

21 410 KNIGHTS RUN AVENUE

26 410 KNIGHTS RUN AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 TAMPA FL

28 TAMPA FL

Zip

Country

Zip

Country

24 33602

25 USA

29 33602

30 USA

9. Name and Address of Current Registered Agent

STALLONE, WILLIAM
424 KNIGHTS RUN AVENUE
TAMPA FL 33602

3. Date Incorporated or Qualified

10/18/1996

3a. Date of Last Report

N/A

4. FEI Number

59-340-6612

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75

Additional Fee Required

6. Election Campaign Financing

☐

\$5.00

May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

STALLONE, WILLIAM

82 Street Address (P.O. Box Number is Not Acceptable)

410 KNIGHTS RUN AVENUE

83

84 City

TAMPA

FL

85 Zip Code

33602

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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	
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	P&D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VITO STALLONE	
1.3 STREET ADDRESS	7148 VIA PALOMAR	
1.4 CITY-ST-ZIP	BOCA RATON FL 33433	
2.1 TITLE	VP & D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOSEPH STALLONE	
2.3 STREET ADDRESS	3826 NIVARY CT	
2.4 CITY-ST-ZIP	ORLANDO FL 32835	
3.1 TITLE	VPT & D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WILLIAM STALLONE	
3.3 STREET ADDRESS	4807 WINGROVE BLVD	
3.4 CITY-ST-ZIP	ORLANDO FL 32819	
4.1 TITLE	S&D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ROBERT STALLONE	
4.3 STREET ADDRESS	608 TROPICAL ORCHARD WAY	
4.4 CITY-ST-ZIP	TAMPA FL 33602	
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		

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: *William Stallone* WILLIAM STALLONE 4/15/97 (813) 246-4405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0352824

CP2E034 (9/96)