

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

pg. 1 of 2

97 OCT -6 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham
		Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000089861 (4)**

1. Corporation Name

CAMILLE'S CAFE & DELI, INC.

Principal Place of Business

Mailing Address

**4961 RATTLESNAKE HAMMOCK ROAD
UNIT 29
NAPLES FL 34413**

**4961 RATTLESNAKE HAMMOCK ROAD
UNIT 29
NAPLES FL 34413**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITING, DAVID P
350 FIFTH AVE SOUTH, #200
NAPLES FL 33940**

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 agent 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PVST**

STREET ADDRESS **4961 RATTLESNAKE HAMMOCK ROAD, UNIT 29**

CITY-ST-ZIP **NAPLES FL 34413**

TITLE ☐ DELETE

NAME **0**

STREET ADDRESS **4961 RATTLESNAKE HAMMOCK ROAD, UNIT 29**

CITY-ST-ZIP **NAPLES FL 34413**

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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:

Robert P. Graziano

Robert P. Graziano

A. Alper
10/6/97

9/14/97

941-793
8600

CR2E034 (4/97)

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EAT IN - TAKE OUT - CATERING
BREAKFAST - LUNCH - DINNER
4981 Rattlesnake Road
Naples South Plaza • Naples FL 34113
941/793-8600 • FAX 941/793-6433

I was instructed by one of
the reinstatement operators to send
a check for \$165.00 to the Dept of State.
We did not receive any first notice
on our Corp report.
So enclosed is the check for 165.00
and thank you for your time

Please call with any questions

Robert S. Grayson
941-793-8600
Pres. of Corp.

RECEIVED

OCT 2 1997

DEPT. OF REVENUE
NAPLES