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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

Apr 14 1998 8:00am

Secretary of State

## DOCUMENT # P97000011380 (7)

CERES	oli's Italian Kitchen, in	IC.		}				
Principal Place	o of Rusiness	Mailing Address						
Principal Place of Business		C	,					
1 1100 1100 011110		7105 WOODIBIS DRIVE NEW PORT RICHEY FL 346	PORT RICHEY FL 34654-5926					
				9 5		RITE IN THE	S SPACE	
				į.	te Incorporated or Quali	lied		
2. Principal P	lace of Business ,	28. Mailing Address			<b>2/03/1997</b> Number _		TAI	oplied for
21 940		26			59-3	34256		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		£ Co.	tilicate of Status Desired	d 🗆	\$8.75	Additional
22		27		3, 00	thicate of olatos Desiret	·		equired
City & State  City & State					ction Campaign Financi			May Be
23 P	Country	<b>28</b>	Country		st Fund Contribution	n poid the s	<del></del>	to Fees
24 27 34	668 251 Pasco	- I	io Country	i	s corporation owes or ha sonal Property Tax due	•		angible No
	9, Name and Address of Curren				me and Address of Ne			
CE	RESOLI, ANTHONY D	6.1.	81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)								
P.O.	RT-RICHEY FL 34060 New	Part Icidney P						
		341	o54 83					
			84 City			F	<b>85</b> Zip (	Code
11 Purcuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statutos	the above-named	corporation eu	bruits this statement for			ls registered
office or r	to the provisions of Sections 607.050; egistored agent, or both, in the State on familiar with, and accept the obliga	of Horida, Such change was au stions of Spetion 607 ALAS, Elect	thorized by the corp ide Statutes	poration's board	d of directors. I hereby a	accept the a	ppointment as	registered
agent ra SiGNATURE	по <b>каотики м</b> ил, ан <b>о а</b> ссерстве обя <u>ў</u> г	mons or, occuent 607.0000, 1100	ioa giatutes.					
SIGNATURE	Signature, typed or printed name of registered again	The second second second second second	Registered Agent signature	required when reins:	tating)	DÂ1E		
12.	OFFICERS AND		13.		ITIONS/CHANGES TO C			
TITLE	OFFICALL ANTHONY D	∟ DELETE	1.1 DILE	Ceresol	Arthory D Woodibis I		Change	Addition
NAME PTOTET ADDRESS	Ceresoli, anthony d <del>"6404 ridge road</del>		1.2 NAME 1.3 STREET ADDRESS	7105	Woodibis 1	)rive		
STREET ADDRESS CITY-ST-ZIP	PORT RICHEY FL 34888		1.4 CHY-ST-ZIP	New	Port Rich	, FL	34654	
TITLE	D	DELETE	2.1 TillE		Port Richallis Anna M Wood ibis Dr		Change	Addition
NAME	CERESOLI, ANNA M		2.2 NAME	Cereso	IL AMA II	i Sure	=	
STREET ADDRESS	-0404 RIDGE ROAD		2 3 STREET ADDRESS	JIDS F	NORGE IDIS OF	77.1 ·	الميلام	
CITY-ST-ZIP	PORT RICHEY FL 34668		2. 4 CITY - ST - ZIP	New	Port Richey	12r	21621	
TOLE		[]] DELETE	3.1 TITLE		•		Change	☐ Addition
NAME			32 NAMI					
STREET ADDRESS			3 3 STHEET ADDRESS					
CITY-ST-ZIP		DELETE	3.4. CHY-SI-7IP 4.1 TILE				☐ Change	Addition
NAME		C.J IALLE	4.1 MLE 4.2 NAME				□1 Autoride	
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY - ST - ZIP					
TITLE		DELETE	5.1 TOLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY - ST - ZIP			54 CITY-S1-ZIP					
TITLE		DELFTE	61 TITLE				Change	Addition
NAME			6.2 NAMI					
STREET ADDRESS			6.3 STREET ADDRESS					

14. Thereby 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 eath, that I am an officer or director of the conjector 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.

Static Control of the conjector of the conjec