

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 29 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000041299 (3)
 1. Corporation Name

MICHELANGELO OF NAPLES, INC.



Principal Place of Business: 755 12TH AVENUE SOUTH NAPLES FL 34102
 Mailing Address: 755 12TH AVENUE SOUTH NAPLES FL 34102

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	05/08/1997	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	650756659	
24	Country	29	Country	Applied For	
		30		Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SIPINKOSKI, GOCE
 755 12TH AVENUE SOUTH
 NAPLES FL 34102

10. Name and Address of New Registered Agent

81. ETTORE LA COCCHI
 82. Street Address (P.O. Box Number is ~~not applicable~~)
 755 12th Ave S
 83. Naples
 84. City
 FL 85. Zip Code 34102

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: *Alma Morham VP* DATE: 6/30/98
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Pres	ETTORE LA COCCHI	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SIPINKOSKI, GOCE		1.2 NAME				
STREET ADDRESS	755 12TH AVENUE SOUTH		1.3 STREET ADDRESS	755 12TH AVENUE			
CITY-ST-ZIP	NAPLES FL 34102		1.4 CITY-ST-ZIP	NAPLES FL 34102			
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CIANNI, VALTER		2.2 NAME				
STREET ADDRESS	755 12TH AVENUE SOUTH		2.3 STREET ADDRESS				
CITY-ST-ZIP	NAPLES FL 34102		2.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME	8000002652888			
STREET ADDRESS			5.3 STREET ADDRESS	-09/30/98-01080-033			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***150.00			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I 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: *Alma Morham VP* DATE: 6/30/98

CR2E034 (5/98)

(2)

I talked to Mrs
Frevon about 1st notice
I never got one on 7/24/98
9:48 - told me to write
the letter.

Thank you.

Dale Counton

9416431821