

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 08, 1999 8:00 am**  
**Secretary of State**

09-08-1999 90010 002 \*\*\*550.00

DOCUMENT # **P97000060128**

Corporation Name

**COSA-NOSTRA-INC.**



Principal Place of Business  
**FAMILIA SANDWICH SHOP**  
**106 NW 13TH STREET**  
**GAINESVILLE FL 32601**

Mailing Address  
**LA FAMILIA SANDWICH SHOP**  
**106 NW 13TH STREET**  
**GAINESVILLE FL 32601**  
**US**

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
		<b>07/09/1997</b>	<b>59-3457309</b>	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required	
City & State	City & State	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	7. Trust Fund Contribution	<input type="checkbox"/>	
25	29	8. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>DEVNANI, SALU</b> <b>785 N BAYSHORE DR</b> <b>SAFETY HARBOR FL 34695-3131</b>		<b>TERNY J. SAPP</b> <b>106 N.W. 13TH ST.</b> <b>GAINESVILLE, FL 32601</b>	

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 **TERNY J. SAPP** (NOTE: Registered Agent Signature required when reinstating) DATE **9/7/99**

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ADDRESS	<b>PST</b> <b>DEVNANI, SALU N</b> <b>106 NW 13TH STREET</b> <b>GAINESVILLE FL 32602</b>	1.1 TITLE	<b>PST</b>
ZIP		1.2 NAME	<b>TERNY J. SAPP</b>
	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS	<b>106 N.W. 13TH ST.</b>
		1.4 CITY-ST-ZIP	<b>GAINESVILLE, FL 32601</b>
ADDRESS	<b>VP</b> <b>SAPP, PATRICIA</b> <b>106 NW 13TH STREET</b> <b>GAINESVILLE FL 32602</b>	2.1 TITLE	
ZIP		2.2 NAME	
	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
ADDRESS		3.1 TITLE	
ZIP		3.2 NAME	
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
ADDRESS		4.1 TITLE	
ZIP		4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
ADDRESS		5.1 TITLE	
ZIP		5.2 NAME	
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
ADDRESS		6.1 TITLE	
ZIP		6.2 NAME	
	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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 stated 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 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **TERNY J. SAPP** DATE **9/7/99** (352) 336-0957

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0009370