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**

DOCUMENT #
1. Corporation Name P97000076189 (4)

DILORENZO'S, INC.

FILED Apr 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
7523 S. TAMIAMI TRAIL SARASOTA FL 34231		7523 S. TAMIAMI TRAIL SARASOTA FL 34231				
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						09/03/1997
2. Principal Place of Bus	siness	2a. Mailing Address				4. FEI Number Applied For
21		26				65-0778101 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional
22	··	27				Fee Required
LITY & STATE		City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	<u> </u>	intry		8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. 🔲 Yes 🔲 No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
MOORE, JOI	HN L			81	Name	
200 S. ORANGE AVE.				82	Street A	ddress (P.O. Box Number is Not Acceptable)
SARASOTA FL 34236					0	and the second state of the second se
				83		
				24		
				84	City	FL 85 Zip Code
11. Pursuant to the prov	isions of Sections 607.0502	and 607.1508, Florida \$ta	tutes, the a	pove	-named c	Ornoration 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	ed or printed name of registered agent	and title if epplicable. (N	VO1E: Registere	d Age	nt signature re	equired when reinstating) DATE
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	*1.5 4	DELETE	1.1 []	TLE		President, Director Change Addition
NAME	ł · · · · · · · · · · · · · · · · · · ·		1.2 N	AMF		DiLorenzo, Marie
STREET ADDRESS					ADDRESS	4628 Masefield Place
CITY-\$T-ZIP				TY-SI		Sarasota, FL 34241
TITLE		DELETE	2.1 TI		1-214	VICE PRESIDENT Change X Addition
NAME		- Deterio	2.2 N			VICE PRESIDENT Change Addition JERRY DILORENZO 4628 MASEFIELD PI
						WILDE MASEFIELD PI
STREET ADDRESS						
CITY-ST-ZIP					T- ZIP	SARASOTA FI 34241
TITLE		☐ DELETE	3.1 1			Change ☐ Addition
NAME			3.2 N/			
STREET ADDRESS			3.3 ST	REET	ADDRESS	
CITY-ST-ZIP			3.4. C		T-ZIP	
TITLE		☐ DELETE	4.1 TI	TLE		☐ Change ☐ Addition
NAME			4. 2 N	AME		
STREET ADORESS			4.3 ST	REET	ADDRESS	·
CITY-ST-ZIP			4.4 Cf	TY-\$T	- ZIP	
TITLE		DELETÉ	5.1 T/	LLE		Change Addition
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 ST	REET	ADDRESS	
CITY-ST-ZIP			5.4 Ci			
TITLE		DELETE	6.1 T/I	_		Change Addition
NAME			6.2 NA			
STREET ADDRESS			li li		LDDDECC	
					ADDRESS	
14 hereby certify that t	he information supplied with	this filing dose not qualify	6.4 Cl			in Section 110 07/3Vi). Florida Statutos I further certify that the information

indicated on this annual report or supplied will this liling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio 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.