

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90051 022 ***150.00

DOCUMENT # P97000083591

N/C 12/14/98

1. Corporation Name

~~J & D BILOTTI, INC.~~ FRATELLIS ITALIAN RESTAURANT, INC.
(FORMERLY J & D BILOTTI, INC.)

Principal Place of Business

9045 LAFONTANA BLVD., STE. B-20
BOCA RATON FL 33434

Mailing Address

9045 LAFONTANA BLVD., STE. B-20
BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1997

4. FEI Number

59-3467044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1684 S. Federal Highway

Suite, Apt. #, etc.

22 City & State
23 Delray Beach, FL

24 Zip 33483 25 Country

2a. Mailing Address

26 1684 S. Federal Highway

Suite, Apt. #, etc.

27 City & State
28 Delray Beach, FL

29 Zip 33483 30 Country

9. Name and Address of Current Registered Agent

BILOTTI, JOSEPH
9045 LAFONTANA BLVD., STE. B-20
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81 Name Howard D. DuBosar
82 Street Address (P.O. Box Number is Not Acceptable)
Greenberg Traurig, P.A.
83 2255 Glades Road, Suite 419A
84 City Boca Raton FL 85 Zip Code 33431

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

Signature of officer or director of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BILOTTI, JOSEPH	
STREET ADDRESS	19914 VILLA LANTE PLACE	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	DATLOF, DAVID	
STREET ADDRESS	5731 D COACH HOUSE CIR	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Loren Datlof, President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	and Director	
1.3 STREET ADDRESS	1684 S. Federal Highway	
1.4 CITY-ST-ZIP	Delray Beach, FL 33483	
2.1 TITLE	Vice President and Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sanford Datlof	
2.3 STREET ADDRESS	1684 S. Federal Highway	
2.4 CITY-ST-ZIP	Delray Beach, FL 33483	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	Secretary/Treasurer/Director	
3.2 NAME	David Datlof	
3.3 STREET ADDRESS	1684 S. Federal Highway	
3.4 CITY-ST-ZIP	Delray Beach, FL 33483	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99
Date

561-243-4800
Daytime Phone #

CR2E034 (11/98)