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 # P9700089457 (0)

FOCACCIA MIA, INC. Principal Place of Business Mailing Address 3604 LITTLE ROAD 3804 LITTLE ROAD **LUTZ FL 33549** LUTZ FL 33549 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/17/1997 2. Principal Place of Business 2a, Mailing Address 4. FEI Number 21 Suite, Apt. #, etc. Suite, Apl. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 Yes 25 29 Personal Property Tax due June 30. 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AGOSTINO, SALVATORE L 3604 LITTLE ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **LUTZ FL 33549** 83 84 City Zip Code 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 Horida. 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 of the face dior techniques of required and and Michaele object 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE THILE 11TILE Change Addition LINDA RUSSO 3604 LITTIE ROLIZEISSS NAME 1.2 NAME STREET ADDRESS CHY ST ZIE Tille Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADURESS CITY - ST - ZIF 2 4 CITY - \$1 - ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CI1Y-S1-2IP 3.4. CITY - ST - ZIP DELETE 4 1 THLE Addition TITLE 4 2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELFTE 5 1 1014 Change Addition TITLE NAME 5.2 NAME

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 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 it chango I, or on an alter-timent with an address.

53 STHELT ADDRESS

6.3 STREET ADDRESS

5.4 CiTY - ST - ZiP

61 THLE

6.2 NAME

T DETETE

SIGNATURE: Autro Che volum

STREET ADDRESS

CHY-SI-ZIF

CITY-ST ZIP

TITLE

NAME STREET ADDRESS

4/16/97 258-6666

☐ Change

Addition

FILED

Apr 23 1998 8:00am

Secretary of State