

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 14 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000091219 (0)

1. Corporation Name  
 ANGELLINO'S RESTAURANT OF LARGO, INC.



Principal Place of Business  
 13883 WALSINGHAM ROAD  
 LARGO FL 33773

Mailing Address  
 13883 WALSINGHAM ROAD  
 LARGO FL 33773

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/23/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3473840	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
 BARLAS, GEORGE  
 1016 TRADEWINDS DRIVE  
 TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent  
 B1 Name: FRANK DRUZAS  
 B2 Street Address (P.O. Box Number is Not Acceptable): 13883 WALSINGHAM RD  
 B3  
 B4 City: LARGO FL B5 Zip Code: 33773

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]*  
 Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARLAS, GEORGE	
STREET ADDRESS	1016 TRADEWINDS DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DRUZAS, FRANK	
STREET ADDRESS	104 MERCURY AVENUE SOUTH	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BARLAS, LEE	
STREET ADDRESS	1016 TRADEWINDS DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		

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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: *[Signature]* PRESIDENT

CR2E034 (5/98)

**ANGELLINO'S RESTAURANT OF LARGO, INC.  
13883 WALSINGHAM ROAD  
LARGO, FLORIDA 33774  
(813) 595-8382**

June 30, 1998

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

RE: 1998 Profit Corporation Annual Report

Dear Sir/Madam,

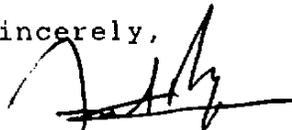
I am writing this letter in response to your second notice that I just received. We never received your first notice to pay the annual fee.

Enclosed is a check for \$150.00 and the Annual Report.

Please accept this as full payment since we did not receive the original form.

Thank you for your cooperation.

Sincerely,



President