FLORIDA DEPARTMENT OF STATE

FILED

Feb 16, 1999 8:00am

Secretary of State

02-16-1999 90063 004 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation Name ANGELLINO'S RESTAURANT OF LARGO, INC.						1		
		Marillan Andrean						
Principal Place		Mailing Address						
13883 WALSINGHAM ROAD 13883 WALSINGHA LARGO FL 33773 LARGO FL 33773								
DANGO FL 3377	J	ENIOUTE SOTI				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed :		
						10/23/1997		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For		
21		26			59-3473840	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional		
22		27	<u> </u>			4	Fee Required	
City & State	City & State City & State					6. Election Campaign Financing	\$5.00 May Be	
23	28					Trust Fund Contribution	Added to Fees	
Zip				itry		8. This corporation owes the current year in	ntangible ⊠Yes □No	
24				· · · ·		Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Current	Registered Agent		81 Name		10.1 Maille and Address of New Treglatores	1 Agont	
DRUZAS, FRANK 13883 WALSINGHAM ROAD						i		
				82 Street Address (P.O. Box Number is Not Acceptable)				
LARGO FL 33773				83	-		2 (27) (3.50) (3.51) (2.51) (4.51) (4.51) 3 (27) (3.50) (3.51) (4.51) (4.51)	
			ľ	00			1948年发展的1	
	•		7	84 City	•	E	85 Zip Code	
waves to the group	5 9 4 997 9599	- 1 007 4500 Florida Statutos	s the ab	ave nomed	Learna	vention submits this statement for the purpose (of changing its registered	
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	f Florida. Such change was aut	thorized	by the corp	oration	n's board of directors. I hereby accept the app	ointment as registered	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a office or registered apent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and arciant the obligations of, Section 607.0505, Florida Statutes.						7-1	-99	
SIGNATURE Signature, typed or printed-name of registered agent and title if applicable. (NOTE: Registered					required t	when reinstating) DATE		
12.	OFFICERS AND		13.		Tuqui oo	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 1111	E		167 . 355	☐ Change ☐ Addition	
NAME	BARLAS, GEORGE		1.2 NA	ME				
STREET ADDRESS	ACAC TRADEMINIOS DRIVE			REET ADDRESS	;			
CITY-ST-ZIP				Y-ST-ZIP		1		
TITLE	V	☐ DELETE	2.1 TITI				☐ Change ☐ Addition	
NAME	DRUZAS, FRANK		2.2 NA	ME				
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CITY-ST-ZIP				ry-ST-ZIP			· _ ·	
TITLE	S DELETE 3.11						☐ Change ☐ Addition	
NAME*	BARLAS, LEE			ME				
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CITY-ST-ZIP				ry-st-zip		<u>- 1 - 19 的复数数数</u>		
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NAME			4. 2 NA	ME		1 11		
STREET ADDRESS	y · · · · · · · · · · · · · · · · · · ·		4.3 STI	REET ADDRESS	3	:		
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP		T		
TITLE		☐ DELETE	5.1 TITI				☐ Change ☐ Addition	

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 attactument with an address, with all other like empowered.

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

Addition

☐ Change