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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

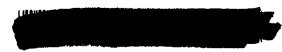
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000108117 (7)

4-BROTHERS-ITALIAN RESTAURANT: INC.

FILED May 26 1998 8:00am Secretary of State



ムバ	THE ITALY RESTA	URANT INC	1.23	-98			
Principal Plac	e of Business	Mailing Address	.1				
7881 W. SAMPLE ROAD 7681 W. SAMPLE ROAD			n				
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 330							
					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualified		
					12/23/1997		
		2a. Mailing Address	1		4. FEI Number	Applied For	
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.				65-0802052	Not Applicable		
					5. Certificate of Status Desired	\$8.75 Additional Fee Required	
27							
23 28					6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip			Count	Country 8. This corporation owes or has paid the current year Intangible			
24	25 29 30		<u> </u>	•	Personal Property Tax due June 30. Yes		
	9. Name and Address of Curren				10. Name and Address of New Registered		
PE	RSTEN, PHILLIP		8	Namo			
10746 N.W. 18TH COURT				2 Street Add	dress (P.O. Box Number is Not Acceptable)		
CORAL SPRINGS FL 33071			"	Sireer Aut	mess (1.0. box Number is Not Acceptable)		
-•			8	3			
			8	4 City		las Za Cada	
م				7 - 7	FL	85 Zip Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Stat	utes, the abo	ve-named cor	poration submits this statement for the purpose of ation's board of directors. I hereby accept the app	f changing its registered	
agent. La	egistered agent, or doth, in the state im fam iliar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, f	s authorized t Florida Statute	by the corpora as:	ation's board of directors. I hereby accept the app	iointment as registered	
SIGNATURE							
	Signature Typeshor provided margin of regulatives again) It : Registered A	gorit signature requ	ired when reinstating) DATE		
12.	OLLIGERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	DEDOTE: LODO HINE	☐ DELETE	11 TITLE			L Change L Addition	
NAME	PERSTEN, LORRAINE		1.2 NAME	'			
STREET ADDRESS	CODAL CODINICO EL COCOS			TADDRESS			
CITY-ST-ZIP TITLE	D D	The same of the sa		ST-ZIP			
NAME	Pe rsten, Phillip	□ pertie	2.1 7171.6			☐ Change ☐ Addition	
STREET ADDRESS	7881 W. SAMPLE ROAD		2.2 NAME				
	CORAL SPRINGS FL 33065			1 ADDRESS			
CITY-ST-ZIP TITLE	D	DELETE	2. 4 CITY 3.1 TITLE	-SI-ZIP		Change Addition	
NAME	PERSTEN, NEAL	L_J blich	3.1 HILLE 3.2 NAME			CHARGE TANDURAL	
STREET ADDRESS	7881 W. SAMPLE ROAD		1	T ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33065		3.4. CHY-				
TITLE	TOTAL OF THICKS I'LL GOODS	DELETE	4.1 TITLE	· S1 - Z1P		Change Addition	
NAME			4. 2 NAME			E Change E Acquion	
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP			4.4 CITY -			1. 1	
TITLE		DELETE	5.1 TITLE	51-211	4.00	Lange Addition	
NAME		5.2			/	グレイス	
STREET ADDRESS				T ADDRESS	4_	11 LXJ2~	
CITY-ST-ZIP			5.4 CITY -				
TITLE		DELETE 611				Change Addition	
NAME			6.2 NAME		40000253664 -05/27/980104604	14	
STREET ADDRESS			63 STREF	T ADDRESS		.9	
CITY-ST-ZIP			6.4 CiTY-		***150.00		
14 I hereby c	orlify that the infernation complete val	the thire fillings closed and according		ation stated in	Section 110 07/2Vi) Florida Statutas I further as	-1:4 · 1b - 1 4b - 1 · 1	

reference computed an environment supplied with this mility does not quality for the exemption stated in Section 119.07(31/f), Florida Statutes. I further certify that the information indicated on this annual report or supplicing that it 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 seprenciation or the receivery 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 plagged, or on an attachment with my address.

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