

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
32399-0001

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **S12910**

(3)

95 MAY -1 PM 2:19

SAN GIUSEPPE, INC.

Principal Office of Corporation: 2041 9TH ST. NORTH, NAPLES FL 33940-606
 Mailing Address: 2041 9TH ST. NORTH, NAPLES FL 33940-4806

OPTIONAL MAIL PERMIT NO. 6101

2. Incorporation State: FL		2a. Mailing Address: 2041 9TH ST. NORTH, NAPLES FL 33940-4806		3. Date this report filed: 11/13/1990	3a. Filing Date Request: 03/14/1994
21. Date of Report: 11/13/1990	22. Fiscal Year: 1990	23. Fiscal Year: 1990	24. Fiscal Year: 1990	25. Fiscal Year: 1990	26. Fiscal Year: 1990
4. FEI Number: 65-0201740-65-0228734				[] Applicable For [] Not Applicable	
5. Certificate of Status: Deceased []				\$8.75 Additional Fee Required	
6. Election Campaign Financing: []				\$5.00 May Be Added to Fees	
8. This corporation is included in the interstate tax compact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent: D'AGOSTINO, LOUIS D. 4501 TAMiami TRAIL NORTH SUITE 300, BARNETT CENTER NAPLES FL 33940-3060				10. Name and Address of New Registered Agent:	
B1. Name:				B2. Street Address (if Not Applicable):	
B3. City:				B4. State:	
				FL B5. Zip Code:	

11. Pursuant to the provisions of Sections 601.01, 601.02, and 601.03, Florida Statutes, this above named corporation certifies the statement for the purpose of having its registered office and principal office in both of the State of Florida and the foreign jurisdiction was authorized by the corporation's board of directors to hereby accept the appointment of a registered agent in Florida with respect to the corporation's Florida Statutes.

SIGNATURE: _____

12. ADDITIONAL REGISTERED OFFICES:		13. ADDITIONAL CHANGES TO OTHER STATES:	
NAME: D CATALANO, VINCENZO	ADDRESS: 2041 9TH ST. N. NAPLES FL	STATE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: D CATALANO, ANNA	ADDRESS: 2041 9TH ST. N. NAPLES FL	STATE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: D CATALANO, GIUSEPPE	ADDRESS: 2041 9TH ST. N. NAPLES FL	STATE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	ADDRESS:	STATE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	ADDRESS:	STATE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	ADDRESS:	STATE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	ADDRESS:	STATE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	ADDRESS:	STATE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, the undersigned, certify that the information required with this filing is, in all respects, true and correct and that my signature is as shown on this report and that my signature is as shown on this report and that my signature is as shown on this report and that my signature is as shown on this report.

SIGNATURE: *Anna Catalano*
 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

REMITTED BY MAY 1

5/11/95