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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$30235 LUIGI MANAGEMENT, INC.

(3)

**FILED** Apr 02 1997 8:00am Secretary of State

Principal Place of Businoss  2401-W-BAY DRIVE SUITE #218  LARGE #17-34840		Mailing Address  2401-W BAY DITIVE  SUITE 121B  LARGO FL 33770 4300			
	1 tilota	• • • •		3. Date Incorporated or Qualified 02/07/1991	3a. Date of Last Report 04/15/1996
2. Principal	3719 Walsingham Rd	2a. Mailing Addre-UIGI E	3. G.	4. FEI Number	Applied For
21	_LBIQO FL,_33774	26 13719 Walsir Suite, Apt Argo FL	ngham Rd	59-3051882	Not Applicat
Suite, Apt.	#, etc.	Suite, Apt. #, etc. 72-	33774	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	le	City & State		<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zφ 3	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Re	gistered Agent
SWIRSKY, DONALD B1 Name					
2401 WEST BAY DRIVE SHITE-4018 LUIGI B. G.		LUIGI B. G.	82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)
LAIN	3 <del>0 Tt: 0184</del> 0	19 Walsingham Rd argo FL. 33774	83		
	•		84 City		FL 85 Zip Code
SIGNATURE	Jumes of printed name of registered ago	UUU mil and title if any ricative (NOTE I	Registered Agent signature requi		3/28/97
12.	70 OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	SWIRSKY, DONALD	LUIGI B. G.	1.1 Tale		Change Addition
NAME	2481-W-BAY-DRIVE WAZTB	13719 Walsingham Du	1.2 NAME		
STREET ADDRESS	LARGO FL	Largo FL. 33774	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D	DELETE	14 CHY-ST-7/P 2.1 THLE		Change Addition
NAME	SWIRSKY, LYNNE	LIIIGI B A	<b>4</b>		E3 outlings E3 Vocition
STREET ADDRESS	2401-W-BAY-DRIVE #421B	13/19 Walsingham Du	2.3 STREET ADDRESS	••	
CITY-ST-ZIP	LARGOTE	Largo FL. 33774	2. 4 CITY - \$1 - 78P		
TITLE		DELFTE	3.1 TRUE		Change Addition
NAME			3.2 NAME	,	J
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - \$1 - ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - 7IP		
TITLE		☐ DELETE	5.1 THEF		Change Addition
NAME	]		5.2 NAME		
STREET ADDRESS			5 9 STREET ADDRESS		
CITY-ST-ZIP		DELETE	54 CRY-S1-ZIP		Change Addition
TITLE		TT office	61 HILE		Li Grange Li Addition
NAME STREET ADDRESS			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I do hereby certify that the information supplied with this fiting 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