

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V15220** (9)

1. Corporation Name

PICCIRILLI'S ITALIAN RESTAURANT, INC.

Principal Place of Business

Mailing Address

**6713 14TH STREET WEST
BRADENTON FL 34207**

**6713 14TH STREET WEST
BRADENTON FL 34207**



2. Principal Place of Business		2a. Mailing Address	
21	3230 South Gate Circle	26	3230 South Gate Circle
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	Sarasota, FL.	28	Sarasota, FL.
Zip	Country	Zip	Country
24	34239	29	34239
25		30	Sarasota

3. Date Incorporated or Qualified	3a. Date of Last Report
02/19/1992	02/14/1995
4. FEI Number	Applied For
65-0315600	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PICCIRILLI, GAETANO
3480 WILD OAK BAY, UNIT 141
BRADENTON FL 33507**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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 (typed or printed name of registered agent and if not applicable)

(NOTE: Registered Agent's signature required when re-registering)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	
NAME	PICCIRILLI, GAETANO	12 NAME	
STREET ADDRESS	3480 WILD OAK BAY	13 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON FL	14 CITY - ST - ZIP	
TITLE	VSD	21 TITLE	
NAME	PICCIRILLI, CAROLINA	22 NAME	
STREET ADDRESS	3480 WILD OAK BAY	23 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON FL	24 CITY - ST - ZIP	
TITLE	D	31 TITLE	
NAME	ERB, C.W.	32 NAME	
STREET ADDRESS	3148 SOUTH GATE CIRCLE	33 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	34 CITY - ST - ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Gaetano Piccirilli Pres.** *Gaetano Piccirilli* 6/17/96 (941) 758-4491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

City/State/Phone

CR2E034 (3/96)