## 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 #

(3)

RBP ITALIAN RESTAURANT INC.

**FILED** 

May 28 1998 8:00am

Secretary of State

Principal Plac	e of Business		Mail	ling Address				-	# 1889   BILDLE 11818 BLUG 8/101 BUGU 9			IA ON HUNC
188 MARINER BLVD. SPRING HILL FL 34609				188 MARINER BLVD. SPRING HILL FL 34609								
US			US						DO NOT WRITE	IN THIS	SPACE.	
									Date Incorporated or Qualified 04/03/1992			
2. Principal P	lace of Busine	9\$8	2a. 1	2a. Mailing Address					FEI Number		A	pplied For
21		26						59-3111620			ot Applicable	
Suite, Apt #, etc				Suite, Apt. #, etc.					Certificate of Status Desired		\$8.75	Additional
22			27	27					Certificate of Statos Desired		Fee F	equired
City & State			, <u></u>	City & State				6.	Election Campaign Financing	_	\$5.00	May Be
23			28					<u> </u>	Trust Fund Contribution		Added	to Fees
Zip	Country			Zip Country			1	- 1	This corporation owes or has pa			
24		25 and Address of €	29	red Agent	30				Personal Property Tax due June Name and Address of New Re			_  No
			Current negrate	nea Again		81	Name	10.	Marie Bilo Address of New Me	Gistelen	Agent	
	LICARI, BAF					Ľ	Marie					
	BO SANDS C					82	Street Addre	ess (P.	O. Box Number is Not Acceptat	ole)	-	
SP	RING HILL F	L 34606				83				·····	······································	
						84	City		•	FL	85 Zip	Code
11. Pursuant	to the provision	ons of Sections 6	07.0502 and 607	7.1508. Florida State	ules, the a	LLL above	e-named corpo	oration	submits this statement for the p		e I	its registered
office or r	regi <b>ste</b> red age	int, or both, in the	e State of Florida	Such change was Section 607.0505, F	s authoriza	ed by	the corporation	ion's bo	oard of directors. I hereby acce	of the app	pointment a	s registered
	irri i derinirer And	i, and made in	, ornigations of,	Section 007.0305, 1	ionua sie	nutes	<b>&gt;</b> .					
SIGNATURE	Signature, typed o	e printed hanse of regist	tured agent and title if	applicable (NC	Olf Register	ed Age	nt signature require	ed when a	reinstating)	DATE	<b></b>	
12.		OFFICE	RS AND DIRECT		13.			A	DDITIONS/CHANGES TO OFFIC	ERS AN	D DIRECTO	RS IN 12
TITLE	Đ			☐ DELETE	1.11	HLE	!				Change	Addition
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					1.2 1	IAME						•
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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 atlachment with an address.

Barbara A.