

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V36525** (6)
1. Corporation Name
NINO'S ITALIAN RESTAURANT, INC.



Principal Place of Business: **7120 BERACASA WAY BOCA RATON FL 33433**
Mailing Address: **7120 BERACASA WAY BOCA RATON FL 33433**

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25 Suite, Apt. #, etc.
26 City & State
27 Zip
28 Country
29

3. Date Incorporated or Qualified: **05/15/1992**
3a. Date of Last Report: **04/24/1995**
4. FEI Number: **65-0355600**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**TRIBUNELLA, ANTONINO
7120 BERACASA WAY
BOCA RATON FL 33433**

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

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: _____ DATE: _____
Signature typed or printed name of registered agent and the officer or director. (Type Registered Agent's name and address on back of this form.)

12. OFFICERS AND DIRECTORS
D DELETE
1. TITLE: **D**
2. NAME: **TRIBUNELLA, ANTONIO L.**
3. STREET ADDRESS: **7120 BERACASA WAY BOCA RATON FL**
4. CITY - ST - ZIP:
5. TITLE: **D**
6. NAME: **TORNABENE, ROSS**
7. STREET ADDRESS: **7120 BERACASA WAY BOCA RATON FL**
8. CITY - ST - ZIP:
9. TITLE: DELETE
10. NAME:
11. STREET ADDRESS:
12. CITY - ST - ZIP:
13. TITLE: DELETE
14. NAME:
15. STREET ADDRESS:
16. CITY - ST - ZIP:
17. TITLE: DELETE
18. NAME:
19. STREET ADDRESS:
20. CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 Change Addition
1. 1. TITLE
2. 2. NAME
3. 3. STREET ADDRESS
4. 4. CITY - ST - ZIP
5. 5. TITLE Change Addition
6. 6. NAME
7. 7. STREET ADDRESS
8. 8. CITY - ST - ZIP
9. 9. TITLE Change Addition
10. 10. NAME
11. 11. STREET ADDRESS
12. 12. CITY - ST - ZIP
13. 13. TITLE Change Addition
14. 14. NAME
15. 15. STREET ADDRESS
16. 16. CITY - ST - ZIP
17. 17. TITLE Change Addition
18. 18. NAME
19. 19. STREET ADDRESS
20. 20. 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 reports 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 trustee 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 attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)