SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT

Jul 25 1997 8:00am CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # (6)NINO'S ITALIAN RESTAURANT, INC. Principal Place of Business Mailing Address 7120 BERACASA WAY 7120 BERACASA WAY **BOCA RATON FL 33433 BOCA RATON FL 33433** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 05/15/1992 04/08/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0355600 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Country Country 24 30 Personal Property Tax due June 30. 26 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 TRIBUNELLA, ANTONINO 7120 BERACASA WAY Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33433** R3 City 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 proted name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (4/97 See [DELETE TITLE 1.1 TITLE ☐ Change ☐ Addition TRIBUNELLA, ANTONID L. NAME 1.2 NAME 7120 BERACASA WAY STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE Addition 2.1 TITLE **TORNABENE, ROSS** NAME 22 NAME STREET ADDRESS 7120 BERACASA WAY 2.3 STREET ADORESS **BOCA RATON FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITI F 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4 1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CiTY-ST-ZIP DELETE TITLE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not information indicated on this annual report or supplemental annual report I am an officer or director of the expression or the receiver or justee mappears in Block 12 or Blog 13 if changed or on an attachment with an annual report. Applicor stated in Section 119.07(3)(i), Florida Statutes. I further certify that the corties and that my signature shall have the same legal effect as if made under oath; that ecute his report as required by Chapter 607, Florida Statutes; and that my name Cekelr SIGNATURE 5.09

FLORIDA DEPARTMENT OF STATE

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