COR ANNU	PROFIT PORATION IAL REPORT 1996	Sandra I Secreta	RTMENT OF STATE B. Mortham ry of State CORPORATIONS		
DOCUMENT # V37569 (3) 1. Corporation Name					
•	'S TRATTORIA, INC.			1 10011 01100 1111	
Principal Place of Business  432 - 75TH AVE ST PETERSBURG BEACH FL 33715  Mailing Address  432 - 75TH AVE ST PETERSBURG BEACH FL 33715  ST PETERSBURG BEACH FL			4 FL 39715		
				<ol> <li>Date Incorporated or Qualified 05/18/1992</li> </ol>	3a. Date of Last Report 08/23/1995
2. Principal Pla	ice of Business	2a. Mailing Address 26		4. FEI Number 59-3130012	Applied For Not Applicable
Suite, Apt. #	, etc	Suite, Apt. #, etc 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Gity & State	***	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ <b>24</b>	Country 25	Zip <b>29</b>	Country 30	8. This corporation has liability for in Florida Statutes Yes	ntangible tax under s 199.032, ∐No
	9. Name and Address of C	urrent Hegistered Agent	81 Name	10. Name and Address of New R	egistered Agent
	rsburg beach FL 33715		83 84 City		FL 85 Zip Code
or registere	ed agent, or both, in the State of	.0502 and 607.1508, Florida Statutes f Fiorida: Such change was authorize , Section 607.0505, Florida Statutes.	s, the above named corpo d by the corporation's boa	ration submits this statement for the puri and of directors. Thereby accept the appo	pose of changing its registered office pintment as registered agent. I am
SIGNATURE _	Signature: Byted or professionality of registros	diagost acolitic Capacitată (Not).	Bog stach Agend soul at inches his	es Mercus astroni	DATE
12.		S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
THLE	PD ONLIANT DIOTIA	☐ DELETE	1 1 TIFLE		Change Addition
NAME	GALLACE, GISELA		1.2 NAME		
STREET ADDRESS	432 - 75TH AVE	I EL 00345	1.3 SYREET ADORESS		
CITY-ST-ZIP	ST PETERSBURG BEACH		1.4 CITY - ST - ZIP		
TITLE		DELETE	2 1 TOLE		Change Addition
NAME			2.2 NAM;		
STREET ADDRESS	•		2.3 STREET ADDRESS		
CITY - ST - ZIP - TITLE		DELETE	2.4 CITY - ST - ZIP		Change Classica
NAME		occere	3 1 TITLE		Change Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP					
TITLE		☐ D€LETE	3.4 CHY+ S*- ZIP 4.3 TIFLE		Change Addition
NAME		_ receiv	4.2 NAM;		☐ Onlings ☐ Mod(80)
STREET ADDRESS			4.2 NAW;		
CITY-ST-ZIP			4.4 CHTY ST-ZIP		
TITLE		DELFIE	5 1 TifLF		☐ Change ☐ Addition
NAME			5.2 NAM;		L. Grange [ Rodition
STREET ADDRESS			5 3 STREET ADDRESS		
C. HELL HOUNESS					
CITY-ST-7IP					
CITY-ST-ZIP TIFLE		□ DELETE	6 1 TULE		Change El Addition
CHY-ST-ZIP THILE NAME		☐ DELE1E	6 1 TITLE 6 2 NAME	777 \	Change Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATUR