## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

appears in Block 12 or Bloc

SIGNATURE:

CITY-S1-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V44962

(1)

SOUP TO NUTS LEASING, INC.

**FILED** Apr 24 1997 8:00am Secretary of State

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Principal Place 107 CORPORA SUITE C VENICE FL 342 US	TION WAY	SUITE C VENICE FL 34292-3524	107 CORPORATION WAY SUITE C		3. Date Incorporated or Qualified 3a. Date of Last Report		
		**	,-		06/18/1992 04/25/1996		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
21		26	26		65-0387065		Not Applicable
Suite, Apt. # etc.		Suite. Apt. #, etc.			5. Certificate of Status Desired		75 Additional e Required
City & Stat	te	City & State			Election Campaign Financing     Trust Fund Contribution		.00 May Be Ided to Fees
Zip <b>24</b>	Country 25	Zip <b>29</b>	Counti	У		Yes No	ter s. 199.032,
	9. Name and Address of Curr	ent Registered Agent	8	I Name	10. Name and Address of New Re	gistered Agent	
	BATTAGLIA, JAMES						
107 CORPORATION WAY, SUITE C			8:	Street Ad	dress (P.O. Box Number is Not Acceptab	ile)	
) VEN	IICE FL 34292		8:				
				1			
			8	City		FL 85	Zip Code
<ol> <li>office or -</li> </ol>	registered agent, or both, in the Sta am familiar with, and accept the oblined transfer when or printed name of registered.	ale of Florida. Such change was ligations of, Section 607.0505, F	s authorized t Florida Statuti	by the corpor es.	rporation submits this statement for the pation's board of directors. I hereby acceptions the patient of the pa	ot the appointmen	nt as registered
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	SV DELETE		1,1 TITLE			L Cha	ange
NAM:	BATTAGLIA, JAMES		1.2 NAMI				
STREET ADDRESS		UNE C	8	ET ADDRESS	·		
CHY-ST-ZIP	VENICE FL	DELETE	1.4 CITY-	\$T-ZIP		☐ Cha	ange Addition
TITLE	713 •		2.1 TITLE 2.2 NAMI			[ (A)	inge Li Naordon
NAME BATTAGLIA, DOUGLAS STREET AFORESS 107 CORPORATION WAY SUITE C				et address			
CITY-S1-ZIP VENICE FL			2.4 CITY				
1:TLF	TENIOC I C	DELETE	3.1 TITLE			Cha	ange Addition
NAME			3.2 NAMI				
STREET ADDRESS			3.3 STRE	T ADORESS			
CITY-ST ZIP	1		3,4. CITY	- ST-ZIP			
TITLE		☐ DELETE	4,1 TiTLE			☐ Cha	ange Addition
NAMÉ			4. 2 NAM	E			
STREET ADDRESS			4.3 STRE	ET ADDRESS	4		
DiTY-ST-ZIP			4.4 CITY	ST-ZIP		····	·····
TITLE		DELETE	5.1 TITLE			Cha	ange
NAME			5.2 NAMI				
STREET ADDRESS				ET ADDRESS			
City-St-Zip		T per eve	5.4 City				and The second
TITLE		DELETE	61 THTLE	- 1		Cha	ange Modition
NAME:			6.2 NAM				

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do 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