

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

CORPORATION  
ANNUAL REPORT  
1995



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

**APPROVED  
AND  
FILED**

95 APR 28 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **653729** (4)

1. Corporation Name  
**1043 GRANADA CREPE, INC.**

Principal Place of Business Mailing Address  
**142 E. GRANADA BLVD ORMOND BEACH FL 32176** **142 E. GRANADA BLVD ORMOND BEACH FL 32176**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/28/1990** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-1970343** 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**  
7. This Corporation has liability for intangible tax under S. 195.005, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**DELZOTTI, DAVID F  
63 CARRIAGE CREEK WAY  
ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent  
81 Name **DAVID F. DELZOTTI**  
82 Street Address (P.O. Box Number is Not Acceptable) **63 Carriage Creek Way**  
83 **Ormond Beach, FL 32174**  
84 City **FL** 85 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 / 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE PS  
NAME **DELZOTTI, FRANK C.**  
STREET ADDRESS **715 CANDLEWOOD CR.**  
CITY ST ZIP **ORMOND BCH. FL**  
TITLE VPT  
NAME **DELZOTTI, ROSEMARY**  
STREET ADDRESS **715 CANDLEWOOD CR.**  
CITY ST ZIP **ORMOND BCH. FL**  
TITLE VP  
NAME **DELZOTTI, DAVID F.**  
STREET ADDRESS **63 CARRIAGE CREEK WAY**  
CITY ST ZIP **ORMOND BCH. FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME **PST**  
1.3 STREET ADDRESS **DAVID F. DELZOTTI**  
1.4 CITY ST ZIP **63 Carriage Creek Way**  
**Ormond Beach, FL, 32174**  Change  Addition  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY ST ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME **900001475113**  
3.3 STREET ADDRESS **-05/04/95--01017--023**  
3.4 CITY ST ZIP **\*\*\*\*200.00 \*\*\*\*200.00**  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY ST ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY ST ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 110.07(3)(b), 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 on Block 12 or Block 13 if changed, as an attachment with an address.

SIGNATURE DATE **4/18/95**  
SIGNATURE AND TYPED BY PRINT NAME OF SIGNING OFFICER OR DIRECTOR **David F. Delzotti**

904-673-1999