

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 STATE: \$750.)

FILED  
Aug 22 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF REVENUE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M40197 (9)

1. Corporation Name  
LOUIS D'AGOSTINO, INC.

Principal Place of Business  
7200 SW 20TH ST  
PLANTATION FL 33317  
US

Mailing Address  
7200 SW 20TH ST.  
PLANTATION FL 33317  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified 10/17/1986

3a. Date of Last Report 03/19/1996

4. FEI Number 59-2715586

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

GENEROTTI, E.J.  
2404 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

1 Name

2 Street Address (P.O. Box Number is Not Acceptable)

3 City

4 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when constituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPV <input type="checkbox"/> DELETE	1.1
NAME	D'AGOSTINO, LOUIS	1.2 <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7200 SW 20TH STREET	1.3
CITY-ST-ZIP	PLANTATION FL	1.4 ADDRESS
TITLE	ST <input type="checkbox"/> DELETE	2.1
NAME	D'AGOSTINO, LOUIS	2.2 <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7200 SW 20TH STREET	2.3
CITY-ST-ZIP	PLANTATION FL	2.4 ADDRESS
TITLE	<input type="checkbox"/> DELETE	3.1
NAME		3.2 <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.3
CITY-ST-ZIP		3.4 ADDRESS
TITLE	<input type="checkbox"/> DELETE	4.1
NAME		4.2 <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.3
CITY-ST-ZIP		4.4 ADDRESS
TITLE	<input type="checkbox"/> DELETE	5.1
NAME		5.2 <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.3
CITY-ST-ZIP		5.4 ADDRESS

14. I do hereby certify that the information supplied with this filing does not qualify for an 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, 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: \_\_\_\_\_

LOUIS D'AGOSTINO 954 583-1533

CR2E034 (4/97)