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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 576001

(2)

ALFONSO'S PIZZERIA INC.

FILED Jan 26 1998 8:00am Secretary of State

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Principal Plac	lress			1,52121	51111 5 5711 5 5701 1167 6 7677	5.2., 6.6., 6.6., 6.6.			
			ORIDA AVENUE						
TAMPA PL 33	1613	TAMPA FL	TAMPA FL 33613			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporate	d or Qualified	······································	
						06/16/1978			
2. Principal P	Place of Business	2a. Mailing /	Address			4, FEI Number		Ar	oplied For
21		26			_	59-1831765		No	ot Applicable
Suite, Apt	#, etc.	Suito, Ar	ot #, etc.			5. Certificate of Stat	_	\$8.75	Additional
22		27				b. Certificate of State	13 Desire0	Fee Re	equired
City & Stat	е	City & St	ale			6. Election Campaig		\$5.00	May Be
23		28				Trust Fund Contri	······	Added	
Zip	Country	Zip	-	Country		8. This corporation			
24	25 Name and Address of Cu	29		10		10. Name and Addre	/ Tax due June 30.		No
				81 N	lamo .	10, Name and Addr	ess of New Hegiste	rea Agent	
	EFICE, ALFONSO A. CORA	210 M.S. DOC	576	'	~~~ OR	S (P O Box Number is	LITONSO		J
	221 NORTHWOOD VILLAGE			82 S	treet Addre	iss (P O Box Number is	Not Acceptable)		
· TAI	MPA, FL C 33613			83		918 NORT	TH WOUD	VILLAG	· &
				63					
•				84 C	ity June	-			Code
dd Dinamas	to the manufacture of Bootions 607	0002 and 007 1500 f	Torido Ctatulas	the obour re		9MPA			36/5
office or r	to the provisions of Sections 607 egistered agent, or both, in the S	State of Florida, Such d	change was au	thorized by the	e corporation	on's board of directors.	I hereby accept the	appointment as	registered registered
, -	m familiar with, and accept the o	ibligations of, Section	607.050 5, F100	oa Statutes.			•		
SIGNATURE	Signature, typed or printed hame of registere	id agent and tile if applicable	(NOTE:	Registered Agent si	ignature require	d when reinstating)	DA [*]	TE	
12.		AND DIRECTORS		13.		ADDITIONS/CHAN	GES TO OFFICERS		
TITLE	PD		DELETE	1.1 TITLE				☐ Change	Addition
NAME	OREFICE, ALFONSO A.			1.2 NAME					1
STREET ADDRESS	14918 N. WOOD VILLAGE			1.3 STREET ADD	PRESS				ļ
CITY-ST-ZIP	TAMPA FL			1.4 CITY - ST - ZI	P				
TITLE		L] DELETE	2.1 TITLE				∐ Change	Addition
NAME				2.2 NAME					
STREET ADDRESS				23 STREET ADD	RESS				
CITY-ST-ZIP			7 551 550	2 4 CITY-SI-7	IP .				
TITLE		L] DELETE	3.1 THTLE				Change	☐ Addition
NAME				3.2 NAME]				Ì
STREET ADDRESS				3.3 STREET ADD					1
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TITLE		L] DELETE	4.1 THE				☐ Change	☐ Addition
NAME				4 2 NAME					Y
STREET ADDRESS				4.3 STREET ADD]
CITY-ST-ZIP			DELETE	4.4 CHY - ST - ZI	P			☐ Change	Addition
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NAME				5.2 NAME					}
STREET ADDRESS				5.3 STREET ADD	ì				l
CITY-ST-ZIP			DELETE	5.4 CHY-ST-Z	P			Change	Addition
TITLE		L.	1 percie	6.1 TIFLE			المراجعين والمراوسين		
NAME				62 NAME		3000	02412 ⁻ 9801024	ር = - ወይ	/
STREET ADDRESS				6.3 STREET ADD	RESS	-01/27/	98U1U24	Ulb ¶",	26

14. Thereby 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 appears in Block 12 or Block 13 if changed, or on an attachment with an agdress.