

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

90 MAY -1 AM 8:47

DOCUMENT # **845764** (0)

1. Corporation Name
LITTLE CAESAR ENTERPRISES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **2211 WOODWARD AVENUE DETROIT MI 48201-3400**
Mailing Address: **2211 WOODWARD AVENUE DETROIT MI 48201-3400**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/17/1980	3a. Date of Last Report 05/01/1994
21. State Apt. # etc.	22. City & State	26. State Apt. # etc.	27. City & State	4. FCI Number 38-1720166	Applied For Not Applicable
24. Zip	25. County	29. Zip	30. County	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL 85. Zip Code

11. Payment to the registrar of State fees, 1995, and 1994 Florida Statutes. The above named corporation submits this statement for the purpose of changing its registered office or principal place of business in the State of Florida. It is hereby 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 the laws of the State of Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	D ILTCH MICHAEL 2211 WOODWARD AVENUE DETROIT MI 48201-3400	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	STD ILTCH, MARIAN 2211 WOODWARD AVENUE DETROIT MI 48201-3400	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	P DEAL DAVID 2211 WOODWARD AVENUE DETROIT MI 48201-3400	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	VP GERALD PASTERNAK 2211 WOODWARD AVENUE DETROIT MI 48201-3400	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	↓ PASTERNAK, GERALD 2211 WOODWARD AVENUE DETROIT MI	5. NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information required with this filing is accurately based on and that I am not a party to the filing as required in Sections 119.031 through 119.032, Florida Statutes. I further certify that the information submitted on this filing is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered office of the corporation. I have signed this report as required by Chapter 119, Florida Statutes, and that my name appears in Block 12 of this report. My signature is a true and correct copy of the original.

SIGNATURE *Gerald M. Pasternak* **Gerald M. Pasternak, Group V.P.** 313-983-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR