

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

FILED
Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G96762** (1)
1. Corporation Name
STAVRO'S PIZZA, INC.

Principal Place of Business 705 N. DIXIE FREEWAY NEW SMYRNA BEACH FL 32168	Mailing Address 705 N. DIXIE FREEWAY NEW SMYRNA BEACH FL 32168
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 705 N. Dixie Freeway Suite, Apt. #, etc. 22 New Smyrna Beach, FL City & State 23 Zip 32168 Country Volusia		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 04/18/1984	
24 32168 25 Volusia		29 30		4. FEI Number 59-2407205 Applied For Not Applicable	
9. Name and Address of Current Registered Agent PAPPAS, NICKOLAS T. 705 N. DIXIE FREEWAY NEW SMYRNA BEACH FL 32069		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
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 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.		12. OFFICERS AND DIRECTORS TITLE DP ☐ DELETE NAME PAPPAS, NICKOLAS T. STREET ADDRESS 705 N. DIXIE FREEWAY CITY-ST-ZIP NEW SMYRNA BEACH FL		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 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 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 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	

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

14. I 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Nickolas T. Pappas** **DP 1/9/98 705-427-8661**

CR2E034 (10/97)