

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000082382 (1)**

1. Corporation Name

**PAPA JOE'S OF ORLANDO, INC.**



Principal Place of Business

Mailing Address

1344 WEST COLONIAL DRIVE  
ORLANDO FL 32804

1344 WEST COLONIAL DRIVE  
ORLANDO FL 32804

3. Date Incorporated or Qualified

11/22/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRIMALDI, RICHARD**  
1344 WEST COLONIAL DRIVE  
ORLANDO FL 32804

81 Name

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

1412 SHADWELL CIR

83

HEATHROW

84 City

FL

85

Zip Code  
32746

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0905, Florida Statutes.

SIGNATURE

*Giuseppe Giambrone*

VICE - PRES.  
GIUSEPPE GIAMBRONE

4/26/94

Signature typed or printed name of registered agent and the corporation

(Both Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIMALDI, RICHARD	
STREET ADDRESS	260 WIMBLEDON CIRCLE	
CITY - ST - ZIP	HEATHROW FL 32746	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GIAMBRONE, GIUSEPPE	
STREET ADDRESS	3045 VERNARD STREET	
CITY - ST - ZIP	DELTONA FL 32725	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1. TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	GRIMALDI RICHARD	
3. STREET ADDRESS	1412 SHADWELL CIR.	
4. CITY - ST - ZIP	HEATHROW, FL. 32746	
1. TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	GIAMBRONE GIUSEPPE	
3. STREET ADDRESS	455 SAXON BLVD	
4. CITY - ST - ZIP	DELTONA, FL. 32725	
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP		
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP		
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
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 119.07(3)(k), 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:

*Giuseppe Giambrone*

VICE - PRES  
GIUSEPPE GIAMBRONE

4/26/94

(407) 774-4300

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

CR2E034 (12/95)