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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P94000049085

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90157 050 ***150.00

PAISANC	o's Pizza -n-P asta #1, ind	C.				
Principal Place	e of Business	Mailing Address		*****		}
6266 S. CONGRESS AVE. 6266 S. CONGRESS						
L-14 L-14						
LANTANA FL 33463 LANTANA FL 33463					DO NOT WRITE IN TH	IS SPACE
lus l		US		3. Date Incorporated or Qualifed		
					06/27/1994	
		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0409191	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 AdditionalEee Required
City & State	e :	City & State			6. Election Campaign Financing	\$5.00 May Be
23	•	28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	1	8. This corporation owes the current year I	
24	25	29	30		Personal Property Tax.	Yes No
	9. Name and Address of Curren	nt Registered Agent		т	10. Name and Address of New Registere	d Agent
	*******		81	Name		
	IVATH, WILLIAM J. JR.		82	Street A	ddress (P.O. Box Number is Not Acceptable)	
_	B LANTANA RD.		02 3031743		,	·
#74			83	i		
LAKE	E WORTH FL 33463		84	City		85 Zip Code
				1	F	
11. Pursuant office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 697.1508, Florida Statute of Plouda. Such Shaper was au	s, the abov thorized by	e-named c the corpor	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	of changing its registered cointment as registered
		/ / / \ \ \		5.~ ^·	4-26	-99
	Signature, typed or printed name of registered age	ORVATA JO	ι.		tuired when reinstating) 4-26 OATE	-99
	Signature, typed or printed name of registered age	ORVATA JO	ι.		4-26	AND DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Z Registered Age		juired when reinstating)	_9/
SIGNATURE	Signature, typed or crinted name of registered deel OFFICERS AN	nt and title if applicable. (NOTE:	Registered Age		juired when reinstating)	AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or arinted name of egistered specific property of the propert	nt and title if applicable. (NOTE:	Registered Age 13. 1.1 TITLE 1.2 NAME		juired when reinstating)	AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or arinted name of registered specific property of the proper	nt and title if applicable. (NOTE:	Registered Age 13. 1.1 TITLE 1.2 NAME	nt signature rec	juired when reinstating)	AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or brinted name of registered specific property of the proper	nt and title if applicable. (NOTE:	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature rec	juired when reinstating)	AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed of printed name of registered eper OFFICERS AN PD HORVATH, WILLIAM J JR. 6346 LANTANA ROAD, #74 LAKE WORTH FL 33463 SD	nt and title if applicable. (NOTE: ND DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature rec	juired when reinstating)	AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or brinted name of registered specific property of the proper	nt and title if applicable. (NOTE: ND DIRECTORS DELETE	72 Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME	nt signature rec	juired when reinstating)	AND DIRECTORS IN 12 Change Addition
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or brinted name of registered specific PD HORVATH, WILLIAM J JR. 6346 LANTANA ROAD, #74 LAKE WORTH FL 33463 SD HORVATH, N. CAROLYN 6346 LANTANA ROAD, #74 LAKE WORTH FL 33463 VD	nt and title if applicable. (NOTE: ND DIRECTORS DELETE	72 Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-	T ADDRESS	juired when reinstating) OATE	AND DIRECTORS IN 12 Change Addition Change Addition
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CITY-ST-ZIP A PARTIES OF 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 or an attachment with an address, with air stay like empowered.

6.3 STREET ADDRESS

6.4 CiTY-ST-ZIP

SIGNATURE:

STREET ADDRESS