

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**  
 05-19-2000 90005 010 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**2000**

DOCUMENT # **399334**

1. Corporation Name  
**AMERICANO PANCAKE INN & MOTELS, INC**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**626 JOHN SIMS PARKWAY  
 NICEVILLE FL 32578  
 US**

Mailing Address  
**626 JOHN SIMS PARKWAY  
 NICEVILLE FL 32578**

3. Date Incorporated or Qualified  
**04/14/1972**

4. FEI Number  
**59-1470680**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property.  Yes  No

2a. Mailing Address  
**26**

Suite, Apt. #, etc.  
**27**

City & State  
**28**

Zip  
**25** Country  
**29** Zip  
**30** Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TISA, LEO P  
 626 JOHN C. SIMS PARKWAY  
 NICEVILLE FL 32578**

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

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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| OFFICERS AND DIRECTORS  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
|---|--|
| P <input type="checkbox"/> DELETE<br><b>TISA, STEVEN</b><br><b>626 JOHN C. SIMS PKWY.</b><br><b>NICEVILLE, FL 00000</b> | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP |
| ST <input type="checkbox"/> DELETE<br><b>TISA, MICHAEL</b><br><b>626 JOHN SIMS PKWY.</b><br><b>NICEVILLE FL</b>         | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP |
| <input type="checkbox"/> DELETE   | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP |
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| <input type="checkbox"/> DELETE   | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP |

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: **MICHAEL A. TISA**  
 SEC/TREAS. **4-28-00 (850) 678-4164**

CR2E034 (5/99)