**PROFIT** 

CORPORATION

ANNUAL REPORT



FLORIDA DEPARTMENT/OF &TATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DIVISION OF CORPORATIONS																			
DOCUMENT # 556964  1. Corporation Name LYNORA'S PIZZA, INC.											<b>\-</b>							3	
FILLOIR! A LIFTUR HILO.																			
Principal Place					1 (3018) (1	IBI AYIN BILIN I	Bris Pivi	i Afêt Alaki	AIDN BISII	BIOTH BIT	iri diseri redi	1							
5283 LAKE WO		5283 LAKE WORTH RD																	
GREENACRES FL 33483				GREENACRES FL 33463								DO NOT	WRITE	E IN THIS	N THIS SPACE				
										3.	Date Incorpo	rated or Qua	lifed					]	
										L	01/09/197	8					=	1	
2. Principal Place of Business				2a. Mailing Address					4. FEI Numbe			<b>v</b> a			-		ied For Applicable	1	
Suite, Apt. #, etc.				Suite, Apt. #, etc.							<u>59-18058(</u>				\$8.	<del></del>	iditional	1 1	
22				27						5.	Certificate of	Status Desir	ed			e Req			
City & Stat	City & State _				City & State					6.	Election Can		cing			.00 N	tay Be Fees	_	
Zip	Zip Country			Zip Cour				intry			This corporat	ion owes the	curre	nt year in			_		
24	25			29 38							Personal Property Tax.								
	9. Name	and Address o	f Current Re	egistered A	gent		81	Name		10.	Name and A	ddress of h	lew Re	gistered	Agent				
ABBENANTE, RAFFAELE																			
	LAKE W						82 Street Address				P.O. Box Numb	per is Not Ac	ceptab	ie)					
. GRE	ENACRES	PL			63										•	1 1			
							84	City		_					85	Zip Co	ode		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the st														FL	- 1		- determed		
11. Pursuant	to the provide acceptance to the provider to t	sions of Sections sent, or both, in t	607.0502 ar he State of F	nd 607,1508, Iorida, Such	Florida Statutes change was aut 607.0505, Florid	, the s Torized	bove I by	⊢named the corp	corpora oration	atio	n submits this pard of director	statement to rs. I hereby	er one p accept	the appo	intment a	as regi	stered		
agent, I a	m familiar w	ith, and accept t	he obligation	s of, Section	607.0505, Florid	a Stat	utes.												
SIGNATURE	Signature, type	d or printed name of re	distance agent and	tile il applicable	(NOTE: R	agistored	Agent	t eignature r	equired w					DATE				ြင္ထ	
12.		OFFIC	ERS AND D	IRECTORS		13.					ADDITIONS/C	HANGES TO	OFFI	CERS A	NO DIRE		S IN 12_	CR2E034 (11/98)	
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NAME	ABBENANTE, RAFFAELE 4600 LAKE WORTH RD.						1.2 NAME 1.3 STREET ADDRESS											8	
STREET ADDRESS	GREENACRES FL			• • • • • • • • • • • • • • • • • • • •			1.4 CITY-ST-ZIP											2	
MILE	D D						2.1 TITLE								Chi	inge	Addition	Ö	
NAME		NTE, MARIA A		2.2			2.2 NAME												
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CITY-ST-ZIP	GREENA	CRES FL					4 CITY-ST-ZIP								☐ Cha	moe	Addition		
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CITY-ST-ZIP						A. CITY-ST-ZIP				٠							] [		
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NAME	]					62 N									•				
STREET ADDRESS								ADDRESS											
CITY-ST-ZIP						5.4 CI	TY-ST	- ZP	<u> </u>								in-mation	ا ن	

14. I hereby certify that the information supplied with this filling 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 suppliertental 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 effect as required by Chapter 507. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

: <u>:</u>

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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**FILED** 

May 10, 1999 8:00 am Secretary of State

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