

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 760802 (9)
1. Corporation Name
PIZZA HUT ADVERTISING ASSOCIATION FOR FORT MYERS, INC.



Principal Place of Business
**2101 CORPORATE BLVD
STE 410
BOCA RATON FL 33431
US**

Mailing Address
**2101 CORPORATE BLVD
STE 410
BOCA RATON FL 33431
US**

3. Date Incorporated or Qualified **11/24/1981** 3a. Date of Last Report **03/02/1995**
4. FEI Number **59-2172570** Applied For ☐ Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25 26 27 28 29 30

9. Name and Address of Current Registered Agent

**ODLAND, SUSAN
2101 CORPORATE BLVD, STE 410
BOCA RATON 33431**

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	PARRISH, JIM	1.2 NAME	Rosen, Andy
STREET ADDRESS	12230 RACE TRACK RD	1.3 STREET ADDRESS	2101 Corporate Blvd., #410
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	TSD	2.1 TITLE	
NAME	MINELLA, TOM	2.2 NAME	
STREET ADDRESS	2101 CORP BLVD #41	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	33431
TITLE	D	3.1 TITLE	D
NAME	LINTON-SMITH, SUSAN	3.2 NAME	Battistoni, Anne
STREET ADDRESS	2101 CORP. BLVD. #41	3.3 STREET ADDRESS	2101 Corporate Blvd., #410
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)