

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 # 760807 (8)

1. Corporation Name

PIZZA HUT ADVERTISING ASSOCIATION FOR TAMPA/ST. PETERSBURG, INC.

Principal Place of Business

**2101 CORPORATE BLVD. #410
BOCA RATON FL 33431**

Mailing Address

**2101 CORPORATE BLVD. #410
BOCA RATON FL 33431**



3. Date Incorporated or Qualified
11/24/1981

3a. Date of Last Report
03/23/1995

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

**ODLAND, SUSAN
2101 CORP ORATE BLVD, STE 410
BOCA RATON FL 33431**

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

☒ DELETE

NAME

PARRISH, JIM

STREET ADDRESS

12230 RACE TRACK RD.

CITY-ST-ZIP

TAMPA FL

TITLE

TSD

☐ DELETE

NAME

MINELLA, TOM

STREET ADDRESS

2101 CORP. BLVD., #410

CITY-ST-ZIP

BOCA RATON FL

TITLE

D

☒ DELETE

NAME

LINTON-SMITH, SUSAN

STREET ADDRESS

2101 CORP. BLVD., #410

CITY-ST-ZIP

BOCA RATON FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

PD

☐ Change ☒ Addition

1.2 NAME

Rosen, Andy

1.3 STREET ADDRESS

2101 Corporate Blvd., #410

1.4 CITY-ST-ZIP

Boca Raton, FL 33431

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

33431

3.1 TITLE

D

☐ Change ☒ Addition

3.2 NAME

Battistoni, Anne

3.3 STREET ADDRESS

2101 Corporate Blvd., #410

3.4 CITY-ST-ZIP

Boca Raton, FL 33431

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)