## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

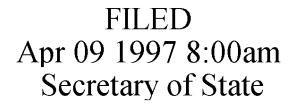
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(8)

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

Principal Place of Business 2101 CORPORATE BLVD. #410 Mailing Address

2101 CORPORATE BLVD. #410



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BOCA RATON	FL 33431	BOCA RATON FL 33431	7343					
					3. Date Incorporated or Qualified 11/24/1981	3a. Date of Last Report 03/20/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For		
<u>il</u>		26 14841 N. Da	11as	Parkway	59-2172569	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, otc.			5. Certificate of Status Desired	See Required		
City & Stat	0	City & State			6. Election Campaign Financing	\$5.00 May Be		
23		28 Dallas, TX	_7524	0	Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Col	untry	8. This corporation has liability for	_ ~ _		
24]	25	29	30			Yes No		
<u>i</u>	9. Name and Address of Currer	nt Registered Agent		100	10. Name and Address of New Re	gistered Agent		
rt Tombolis and	4			B1   Name   An	nne Battistoni			
	), SUSAN			82 Street Add	Street Address (P.O. Box Number is Not Acceptable)			
	ORP ORATE BLVD , STE 410							
	IATON FL 33431			2101	Corp. Blvd., Suite 41	0		
2				84 City		85 Zip Code		
·				Вос	a Raton	<b>FL</b> 33431		
office or r agent. La	to the provisions of Sections 617,050 egistered agent, or both, in the State m familiar with, and accept the oblig	J2 and 617,1508, Florida State of Florida. Such change war pations of, Soction 617,0503, I	utes, the a s authorize Florida Sta	bove-named corp d by the corporal tutes.	poration submits this statement for the p tion's board of directors. I hereby accep	ourpose of changing its registered of the appointment as registered		
SIGNATURE .	Signature, typed or printed name of registered age	COCHISTON (N	OTE: Registere	ed Agent signature requi	ired when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12		
TITLE	PD	DELETE	1.1 1	ITLE		Change Addition		
NAME	ROSEN, ANDY		1.2 N	IAME				
STREET ADDRESS	2101 CORPORATE BLVD STE	E 410	1.3 S	TREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		1.4 0	HTY-ST-ZIP				
, TITLE	TSD	XX DELETE	2.17	ITLE		Change Addition		
NAME	MINELLA, TOM		2.2 N	IAME				
STREET ADDRESS	2101 CORP. BLVD., #410		2.3 S	TREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		2 4 0	DITY-ST-ZIP				
TITLE	D	☐ DELETE	31 T	ITLE		Change Addition		
NAMÉ	BATTISTONI, ANNE		3.2 N	IAME				
STREET ADDRESS	2101 CORP BLVD STE 410		3.3 S	TREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		3.4. (	CITY-S1-ZIP				
MITLE	TSD	☐ DELĒTE	4.1 T	ITLE		☐ Change ☐ Addition		
NAME	Kathleen Alexander		4.21	NAME				
STREET ADDRESS	14841 Dallas Parkv	way	4.3 S	TREET ADDRESS				
CITY-ST-ZIP	Dallas, TX 75240		4.4 C	ITY-ST-2IP				
TITLE		☐ DELE1E	5.1 T	ITLE		Change Addition		
NAME			5.2 N	AME				
STREET ADDRESS			5.3 \$	TREET ADDRESS				
CITY ST-ZIP			5.4 C	ITY-ST-ZIP				
TITLE		DELETE	6.1 T	TLE		Change Addition		
, NAME			62 N	IAME				
STREET ADDRESS	,		6.3 S	TREFT ADDRESS				
CITY-ST-ZIP				tTY-ST-ZIP				
	by certify that the information supplies	d with this filing does not gue			d in Section 119 07/3)(i) Florida Statute	s. 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 eath; 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.