

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

REGISTRATION  
ANNUAL REPORT  
1995



STATE OF FLORIDA  
CORPORATION  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

95 MAY -1 AM 8:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F06893**  
2923 P.J.'S, INC.

(4)

Principal Place of Business: 10005 N FLORIDA AVE  
P O BOX 18916  
TAMPA FL 33612  
US

Mailing Address: 10005 N FLORIDA AVE  
P O BOX 18916  
TAMPA FL 33612  
US

2. Principal Place of Business: 10005 N FLORIDA AVE  
21  
2a. Mailing Address: 10005 N FLORIDA AVE  
26  
22. State Apt # etc: Hillsborough  
27  
23. City & State: TAMPA FLORIDA  
28  
24. Zip: 33612  
25  
29. City: Hillsborough  
30

3. Date first incorporated or qualified: 11/25/1980  
3a. Date of Last Report: 04/28/1994  
4. FEI Number: 59-2054501  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. This corporation has liability for intangible tax under s. 199.001, Florida Statute:  Yes  No

9. Name and Address of Current Registered Agent:  
PALORI, PETE A JR  
3020 W KENNEDY BLVD  
TAMPA FL 33609

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. I, the undersigned, a resident of this state, being duly sworn, depose and say that the above named corporation submits this statement for the purpose of changing its registered agent as required by law, and that the change of agent was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent.

12. OFFICERS AND DIRECTORS:  
NAME: PDS PALORI, PETE A JR  
STREET ADDRESS: 3020 W KENNEDY BLVD  
CITY: TAMPA FL

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 1:  
1. NAME: [ ] Change [ ] Addition  
2. NAME: [ ] Change [ ] Addition  
3. NAME: [ ] Change [ ] Addition  
4. NAME: [ ] Change [ ] Addition  
5. NAME: [ ] Change [ ] Addition  
6. NAME: [ ] Change [ ] Addition  
7. NAME: [ ] Change [ ] Addition  
8. NAME: [ ] Change [ ] Addition  
9. NAME: [ ] Change [ ] Addition  
10. NAME: [ ] Change [ ] Addition  
11. NAME: [ ] Change [ ] Addition  
12. NAME: [ ] Change [ ] Addition  
13. NAME: [ ] Change [ ] Addition  
14. NAME: [ ] Change [ ] Addition  
15. NAME: [ ] Change [ ] Addition  
16. NAME: [ ] Change [ ] Addition  
17. NAME: [ ] Change [ ] Addition  
18. NAME: [ ] Change [ ] Addition  
19. NAME: [ ] Change [ ] Addition  
20. NAME: [ ] Change [ ] Addition

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Sections 199.001, Florida Statute. I further certify that the information included in the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made in person. I am an officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statute, and that my name appears in Block 12 or Block 13 of this report or in an attachment thereto.

SIGNATURE: *Pete Palori*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95 (813) 930-9069