## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

F36122

(2)

DI SALVO PIZZA & SUBS, INC.

FILED Feb 20 1998 8:00am Secretary of State

| Principal Place of Business Mailing Address   |   |                           |                           |                               |       | - I LOOKEOR TIBE TITLE DELD INDER HELD THE ONDE DANS DENIE DELL DELL DELL TODA |  |  |
|---|---|---------------------------|---------------------------|-------------------------------|-------|--|--|--|
| 255 SOUTH DIXIE HWY 255 SOUTH DIXIE HWY POMPANO BEACH FL 33060 POMPANO BEACH FL 33060   |   |                           |                           |                               |       |  |  |  |
| TOMPRING DENOTITE SOLD  |   |                           |                           |                               |       |  | DO NOT WRITE IN THIS SPACE   |  |
|   |   |                           |                           |                               |       |  | 3. Date Incorporated or Qualified 05/26/1981   |  |
| 2. Principal Place of Business 2a. Mailing Address  |   |                           |                           |                               |       |  | 4. FEI Number Applied For  |  |
| 21  |   |                           | 26                        |                               |       |  | 59-2097914 Not Applicable  |  |
| Suite, Ap   | 1. #, etc.  |                           | Suite, Apt. #, etc.       |                               |       | **   | SR 75 Additional   |  |
| 22  |   |                           | 27                        |                               |       |  | 5. Certificate of Status Desired Fee Required  |  |
| City & State  |   |                           | City & State              |                               |       |  | 8. Election Campaign Financing \$5.00 May Be   |  |
| 23 Zin  | 3 Zip Country   |                           |                           | Zip Country                   |       |  | Trust Fund Contribution  |  |
| 24]   |   | 25 29 30                  |                           |                               |       |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No |  |
| 9, Name and Address of Current Registered Agent   |   |                           |                           |                               |       | <del></del>  | 10. Name and Address of New Registered Agent   |  |
| DI SALVO, GAETANO   |   |                           |                           |                               |       | Name   |  |  |
| 255 SOUTH DIXIE HWY   |   |                           |                           |                               | 82    | Street Addres  | ss (P.O. Box Number is Not Acceptable)   |  |
| POMPANO BEACH FL 33060  |   |                           |                           |                               |       |  |  |  |
|   |   |                           |                           |                               | 83    |  |  |  |
|   |   |                           |                           |                               | 64    | City   | 85 Zip Code  |  |
| 44 Dureuse  | t to the provin   | ions of Sections 607.060  | 2 and 607 1609 Elerida    | Ctatutos the o                |       | named cores  | FL 00 2.0  |  |
| 11. Pursuant to the provisions of Sections 607 0502 and 607 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 607.0506, Florida Statutes. |   |                           |                           |                               |       |  |  |  |
| SIGNATURE   | SIGNATURE Signature: typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE |                           |                           |                               |       |  |  |  |
| Signature: typed or printed name of registered agent and title if applicable (NOTE Registered  12. OFFICERS AND DIRECTORS  13.  |   |                           |                           |                               | , who | in signature radored   | d when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                               |  |
| TITLE   | DP  |                           | ☐ DEŁI                    |                               | LE    |  | Change Addition  |  |
| NAME  | DI SAI  | LVO, GAETANO              |                           | 1.2 NA                        | ME    |  |  |  |
| STREET ADDRESS  |   | OUTH DIXIE HWY            |                           | 1.3 ST                        | REET  | ADDRESS  |  |  |
| CITY-ST-ZIP   | POMP  | ANO BCH, FL 00000         |                           | 1.4 CI                        |       | T-ZIP  |  |  |
| TITLE   | 8 01 04   | IVO MADOUPOITA            | ☐ DELI                    | F                             |       |  | ☐ Change ☐ Addition  |  |
| NAME  |   | LVO, MARGHERITA           |                           | 2.2 NAME                      |       |  |  |  |
| STREET ADDRESS 255 SOUTH DIXIE HWY CITY-ST-ZIP POMPANO BCH, FL 00000  |   |                           |                           |                               |       | ADDRESS  |  |  |
| CITY-ST-ZIP<br>TITLE  | - roini   | 7.110 DOI1, 1 C 00000     | DELE                      | 2. 4 Cl                       |       | 51 - ZIP   | ☐ Change ☐ Addition  |  |
| NAME  |   |                           |                           | 3.2 N                         |       |  | ·  |  |
| STREET ADDRESS  |   |                           |                           |                               |       | ADDRESS  |  |  |
| CITY-ST-ZIP   | CITY-ST-ZIP   |                           |                           | 3.4. CITY-ST-ZIP              |       |  |  |  |
| TITLE   | ·   |                           | DELE                      |                               |       |  | ☐ Change ☐ Addition  |  |
| NAME  |   |                           |                           | 4. 2 N/                       | ME    |  |  |  |
| STREET ADDRESS  | :   |                           |                           | 4.3 ST                        | REET  | ADDRESS  |  |  |
| CITY-ST-ZIP   | <u> </u>  |                           |                           | 4.4 CI                        | Y-\$1 | r - ZiP  |  |  |
| TITLE   |   |                           | ☐ DELE                    | ETE 5.1 TIT                   | Lξ    |  | ☐ Change ☐ Addition  |  |
| NAME  |   |                           |                           | 5.2 NA                        | ME    |  |  |  |
| STREET ADDRESS  | 1   |                           |                           |                               |       | address  |  |  |
| CITY-ST-ZIP   | <del> </del>  |                           | ☐ DELE                    | 5.4 CIT                       |       | I-ZIP  | Chara L Matri  |  |
| TITLE   |   |                           | LI UELE                   |                               |       |  | ☐ Change ☐ Addition  |  |
| NAME<br>CTOSET ADDRESS  |   |                           |                           | 6.2 NA                        |       | 100pcoc  |  |  |
| STREET ADDRESS  | 1   |                           |                           |                               |       | ADDRESS  |  |  |
| City-St-zip<br>14. I hereby   | certify that the  | e information supplied wi | th this filing does not a | 6.4 CIT<br>ualify for the exe |       |  | ection 119.07(3)(i), Florida Statutes. I further certify that the information                              |  |

14. I hereby certify that the information supplied with this filing 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 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address?

SIGNATURE: MORONOS DO LOS

7-14-00