

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

APPROVED  
AND  
FILED

95 MAY - 1 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **F81649** (8)

1. Corporation Name  
**PIZZA HEAVEN, INC.**

Principal Place of Business: **% ROBERT KEATING  
208 SOUTH PARROTT AVENUE  
OKEECHOBEE FL 34974**

Mailing Address: **% ROBERT KEATING  
208 SOUTH PARROTT AVENUE  
OKEECHOBEE FL 34974**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/17/1982**      3a. Date of Last Report: **04/27/1994**

4. FEI Number: **59-2183180**      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** State: Apt. #, etc. **22** City & State **23** Zip **24** Country **25**

2a. Mailing Address: **26** State: Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

9. Name and Address of Current Registered Agent  
**KEATING, ROBERT  
208 SOUTH PARROTT AVENUE  
OKEECHOBEE FL 33472**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1506, 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1. NAME: **PD KEATING, ROBERT**  
2. STREET ADDRESS: **208 SO PARROTT AVENUE**  
3. CITY & STATE: **OKEECHOBEE FL**

2. NAME: **STD ARNFAST, SANNE**  
3. STREET ADDRESS: **208 SO PARROTT AVENUE**  
4. CITY & STATE: **OKEECHOBEE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME: \_\_\_\_\_ 2. STREET ADDRESS: \_\_\_\_\_ 3. CITY & STATE: \_\_\_\_\_  Change  Addition

2. NAME: \_\_\_\_\_ 2. STREET ADDRESS: \_\_\_\_\_ 3. CITY & STATE: \_\_\_\_\_  Change  Addition

3. NAME: \_\_\_\_\_ 3. STREET ADDRESS: \_\_\_\_\_ 3. CITY & STATE: \_\_\_\_\_  Change  Addition

4. NAME: \_\_\_\_\_ 4. STREET ADDRESS: \_\_\_\_\_ 4. CITY & STATE: \_\_\_\_\_  Change  Addition

5. NAME: \_\_\_\_\_ 5. STREET ADDRESS: \_\_\_\_\_ 5. CITY & STATE: \_\_\_\_\_  Change  Addition

6. NAME: \_\_\_\_\_ 6. STREET ADDRESS: \_\_\_\_\_ 6. CITY & STATE: \_\_\_\_\_  Change  Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(1)(b), 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. I am an officer or director of the corporation, the registrar or treasurer responsible to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 13, on this F-1001 Change of Registered Agent, with an address.

SIGNATURE: *Sanne Arnfast* **SANNE ARNFAST** 4/15/95 (813) 763-9823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR