

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000002152 (3)**

1. Corporation Name

CENTRAL FLORIDA PIZZA, INC. OF KENTUCKY



Principal Place of Business 2425 NE 18TH PLACE, SUITE 103 OCALA FL 34470	Mailing Address 2425 NE 18TH PLACE, SUITE 103 OCALA FL 34470
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2425 N.E. 18th PLACE Suite, Apt. #, etc. 22 103 City & State 23 Ocala Florida Zip 24 34470 Country 25 USA		2a. Mailing Address 26 2425 N.E. 18th PLACE Suite, Apt. #, etc. 27 103 City & State 28 Ocala Florida Zip 29 34470 Country 30 USA		3. Date Incorporated or Qualified 04/23/1997
		4. FEI Number 61-1084805	Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent NATIVO, GERALD 2425 NE 18TH PLACE, SUITE 103 OCALA FL 34470		10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) 2425 NE 18th PLACE #103 B3 B4 City FL B5 Zip Code	
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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 607.0505, Florida Statutes.

SIGNATURE **GERALD NATIVO** **Sumera Nativo** **4/30/98**
Signature, typed or printed name of registered agent and, if not applicable, (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PT	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME NATIVO, GERALD P		1.2 NAME	
STREET ADDRESS 2425 NE 18TH PLACE, SUITE 103		1.3 STREET ADDRESS 2425 N.E. 18TH PLACE - SUITE 103	
CITY-ST-ZIP OCALA FL 34470		1.4 CITY-ST-ZIP OCALA FLORIDA 34470	
TITLE S	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME WIDES, STEVEN A		2.2 NAME	
STREET ADDRESS 270 W. SHORT ST, SUITE 500		2.3 STREET ADDRESS	
CITY-ST-ZIP LEXINGTON KY 40507		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 or 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.

CR2E034 (10/97)