FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G04759** **(8)**

1. Corporation Name

PIZZA U.S.A. MANAGEMENT, INC.

Principal Place of Business

2201 WEST SAMPLE ROAD
BUILDING 9 SUITE 1B
POMPANO BEACH FL 33073
US

Mailing Address

2201 WEST SAMPLE ROAD
BUILDING 9 SUITE 1B
POMPANO BEACH FL 33073
US

3. Date Incorporated or Qualified: 10/18/1982

3a. Date of Last Report: 05/01/1995

4. FEI Number: 59-2227261 — 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 1761 W. Hillsboro Blvd.
Suite, Apt. #, etc.
22 Suite 401
City & State
23 Deerfield Beach FL
Zip 24 33442
Country 25

2a. Mailing Address

26 1761 W. Hillsboro Blvd.
Suite, Apt. #, etc.
27 Suite 401
City & State
28 Deerfield Beach,FL
Zip 29 33442
Country 30

9. Name and Address of Current Registered Agent

WHALEN, NANCY
2201 WEST SAMPLE ROAD
BUILDING 9 SUITE 1B
POMPANO BEACH FL 33073

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1761 W. Hillsboro Blvd.
83 Suite 401
84 City Deerfield Beach FL 85 Zip Code 33442

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature (typed or printed name of registered agent and title if applicable)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	CASTELLANO, M.MARK, II	
STREET ADDRESS	2201 W. SAMPLE RD. BLDG. 9 #1A	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	☐ DELETE
NAME	CASTELLANO, JOHN	
STREET ADDRESS	2201 W, SANOKE RD, BKDG, 9 #1A	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	P	☐ DELETE
NAME	NEVIN, RAYMOND	
STREET ADDRESS	2201 W. SAMPLE RD. BLDG. 9 #1B	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	ST	☐ DELETE
NAME	WHALEN, NANCY	
STREET ADDRESS	2201 W. SAMPLE RD. BLDG. 9 #1B	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	1761 W. Hillsboro Blvd. #401	
1.4 CITY-ST-ZIP	Deerfield Beach, FL 33442	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	1761 W. Hillsboro Blvd. #401	
2.4 CITY-ST-ZIP	Deerfield Beach, FL 33442	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	1761 W. Hillsboro Blvd. #401	
3.4 CITY-ST-ZIP	Deerfield Beach, FL 33442	
4.1 TITLE		☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	1761 W. Hillsboro Blvd. #401	
4.4 CITY-ST-ZIP	Deerfield Beach FL 33442	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Nancy L. Whalen Sec. — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Nancy L. Whalen — Date 4/19/96 — Daytime Phone # 954-428-5660

CR2E034 (12/95)