

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G27449** (9)

1. Corporation Name

PAOLO PIZZA, INC.

Principal Place of Business

**12111 TAFT ST.
PEMBROKE PINES FL 33026**

Mailing Address

**12111 TAFT ST.
PEMBROKE PINES FL 33026**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

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City & State

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Zip

Country

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9. Name and Address of Current Registered Agent

**NORRITO, SALVATORE
5230 HAWKS BLUFF AVE.
DAVE FL 33331**

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature of the person authorized to sign this statement

Signature of the person authorized to sign this statement

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	NORRITO, SALVATORE	
STREET ADDRESS	5230 HAWKS BLUFF AVE.	
CITY-ST-ZIP	DAVE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE	☐ Change ☐ Addition
15 NAME	
16 STREET ADDRESS	
17 CITY-ST-ZIP	
18 TITLE	☐ Change ☐ Addition
19 NAME	
20 STREET ADDRESS	
21 CITY-ST-ZIP	
22 TITLE	☐ Change ☐ Addition
23 NAME	
24 STREET ADDRESS	
25 CITY-ST-ZIP	
26 TITLE	☐ Change ☐ Addition
27 NAME	
28 STREET ADDRESS	
29 CITY-ST-ZIP	
30 TITLE	☐ Change ☐ Addition
31 NAME	
32 STREET ADDRESS	
33 CITY-ST-ZIP	
34 TITLE	☐ Change ☐ Addition
35 NAME	
36 STREET ADDRESS	
37 CITY-ST-ZIP	
38 TITLE	☐ Change ☐ Addition
39 NAME	
40 STREET ADDRESS	
41 CITY-ST-ZIP	
42 TITLE	☐ Change ☐ Addition
43 NAME	
44 STREET ADDRESS	
45 CITY-ST-ZIP	
46 TITLE	☐ Change ☐ Addition
47 NAME	
48 STREET ADDRESS	
49 CITY-ST-ZIP	
50 TITLE	☐ Change ☐ Addition
51 NAME	
52 STREET ADDRESS	
53 CITY-ST-ZIP	
54 TITLE	☐ Change ☐ Addition
55 NAME	
56 STREET ADDRESS	
57 CITY-ST-ZIP	
58 TITLE	☐ Change ☐ Addition
59 NAME	
60 STREET ADDRESS	
61 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 supplement 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 the 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:

Salvatore Norrito **SALVATORE NORRITO**, 3/27/96, 954-431-0899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)