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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G30952

Principal Place of Business	Mailing Address
10304 NW 40 COURT	10304 NW 40 COURT
CORAL SPRINGS FL 33065	CORAL SPRINGS FL 33065

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90073 045 ***150.00

PIZZA E)	XPRESS, INC.											
Principal Place	of Rusiness	Ma	iling Address					F INTERFEDENCE SESSE MOTION FROM METERN			I I BIN FIBIN KAN	
Principal Place of Business Mailing Address 10304 NW 40 COURT 10304 NW 40 COURT CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065							DO NOT WRITE	IN THIS S	PACE			
								3. Date Incorporated or Qualifed				
							l	03/29/1983				
2. Principal Pl	ace of Business	2a.	Mailing Address					4. FEI Number		A	plied For	
21		26						59-232 <u>4536</u>			t Applicable	
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.		~ ~			5. Certificate of Status Desired [\$8.75 / Fee Re	Additional equired	
City & State	9		City & State					6. Election Campaign Financing		\$5.00	May Be	
23	•	28						Trust Fund Contribution			to Fees	
Zip	Country		Zip		Country			This corporation owes the current			60	
24	25	29		30				Personal Property Tax.		Yes	No	
	9. Name and Address of Curr	rent Regist	ered Agent		81	Name		10. Name and Address of New Reg	Jistereu A	Beit		
DATI	TOMA, TERESA					- Name						
1030	4 NW 40 COURT				82	Street A	Addres	ss (P.O. Box Number is Not Acceptable	8)			
COR	AL SPRINGS FL 33065				83			,			;	
	•				84	City	····	. A 2001-7-	FL	85 Zip	Code	
44 Durauant	to the provisions of Sections 607 (0502 and 60	7 1508 Florida Stat	utes th	e above	e-named e	COLDOL	ation submits this statement for the pu	rnose of ch	l anging its	registered	
office or re	to the provisions of Sections 607.t egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florid:	a. Such change was	authori	ized by I	the como	oration	's board of directors. I hereby accept t	he appointi	nent as re	gistered	
ayent, rai	m ramiliar with, and accept the obt	ligations of,	Section 607.0505, F	lorida S	Statutes.						Ì	
SIGNATURE		ligations of,	Section 607.0505, F	ionda S	statutes.	=				_		
SIGNATURE	Signature, typed or printed name of registered	ligations of,	Section 607.0505, F	TE: Regist	tered Agen	=		when reinstating)	DATE	_	DRS IN 12	(00)
		ligations of,	Section 607.0505, F	TE: Regist	statutes.	=			DATE CERS AND	_	DRS IN 12	/11/00/
SIGNATURE	Signature, typed or printed name of registered OFFICERS	ligations of,	applicable (NC	TE: Regist	tered Agen	=		when reinstating)	DATE CERS AND	DIRECTO		04 /11(00)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered OFFICERS	ligations of,	applicable (NC	TE: Regist	tered Agent	it signature re		when reinstating)	DATE CERS AND	DIRECTO		E024 /11/00)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered OFFICERS PD DATTOMA, ANGELA	ligations of,	applicable (NC	TE: Regist	tered Agen 13. 1.1 TITLE	t signature re		when reinstating)	DATE CERS AND	DIRECTO	Addition ((00/14/00)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS PD DATTOMA, ANGELA 10304 N.W. 40TH CT.	ligations of,	applicable (NC	TE: Regist	tered Agen 13. 11 TITLE 1.2 NAME 1.3 STREET	t signature re		when reinstating)	DATE CERS AND	DIRECTO		CD2E024 /11/00)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS PD DATTOMA, ANGELA 10304 N.W. 40TH CT. CORAL SPRINGS FL	ligations of,	section 607.0505, F	OTE: Regist	tered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET	t signature re		when reinstating)	DATE CERS AND	DIRECTO	Addition (CD2E024 /11/00)
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6.4 CiTY-ST-ZIP 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, with all other like empowered.

SIGNATURE: