

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

FILED
Apr 23 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 # **G72184** (6)

1. Corporation Name
BIG APPLE PIZZA OF BAYSHORE, INC.

Principal Place of Business
**1310 BAYSHORE BLVD
PORT ST. LUCIE FL 34983
US**

Mailing Address
**3601 SE OCEAN BLVD
SUITE 202
SEWALLS POINT FL 34996
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/28/1983

4. FEI Number
59-2369577

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

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

9. Name and Address of Current Registered Agent

**DIBARTOLOMEO, GERALD
2222 COLONIAL DRIVE
SUITE 200
FT. PIERCE FL 34950**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	NAME	LINO, LOUIS	STREET ADDRESS	173 S. SEWALLS POINT RD	CITY-ST-ZIP	STUART FL	☐ DELETE
TITLE	VD	NAME	LINO, JOAN	STREET ADDRESS	173 S SEWALLS POINT RD	CITY-ST-ZIP	STUART FL	☐ DELETE
TITLE	VP	NAME	LOMBARDI, CARMINE	STREET ADDRESS	449 SW HORSESHOE BAY	CITY-ST-ZIP	PORT ST LUCIE FL	☐ DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		☐ DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		☐ DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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.

SIGNATURE:

LOUIS LINO 4/1/98 561-223-1008

CR2E034 (10/97)