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Mar 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H63525

(0)

1. Corporation Name

KING PIZZA PALACE, INC.

Principal Place of Business

Mailing Address

1530 S. PASADENA AVENUE
SOUTH PASADENA FL 33707

1530 S. PASADENA AVENUE
SOUTH PASADENA FL 33707-3718



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/25/1985

3a. Date of Last Report

04/29/1996

4. FEI Number

59-2561457

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

10. Name and Address of New Registered Agent

TRIANTAFILOU, SAVAS
3152 W. VINA DEL MAR BLVD.
ST. PETERSBURG BCH. FL 33708

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 Registered Agent or Director (if not a director, then the registered agent)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P DELETE

NAME TRIANTAFILOU, SAVAS
STREET ADDRESS 3152 W. VINA DEL MAR BL
CITY-ST-ZIP ST. PETERSBURG BCH., F

TITLE V DELETE

NAME TAKTIKOS, HRISTOS
STREET ADDRESS 261 N. TESSIER DR.
CITY-ST-ZIP ST. PETERSBURG BCH., F

TITLE T DELETE

NAME TAKTIKOS, EKATERINI
STREET ADDRESS 261 N. TESSIER DR.
CITY-ST-ZIP ST. PETERSBURG BCH., F

TITLE S DELETE

NAME TRIANTAFILOU, CHRISTODOU
STREET ADDRESS 3152 W. VINA DEL MAR
CITY-ST-ZIP ST. PETERSBURG BCH FL

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I, the undersigned, 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:

CHRISTODOULOS TRIANTAFILOU

3-18-97

813-341-1711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)