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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H63525**

1. Corporation Name

KING PIZZA PALACE, INC.

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90090 049 ***150.00



:								
Principal Place of Business Mailing Address					T I BAIR (F A FIND BUIDE LINE) BUILD 1980 AND	TIĞIL BIBLI BIĞIL AIS	811 81811 1891	
1530 S. PASADENA AVENUE 1530 S. PASADENA AVENU SOUTH PASADENA FL 33707 SOUTH PASADENA FL 337			DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or Qualifed			
					06/25/1985		}	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	App	ofied For	
21	21 26				59-2561457	Not	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	1	
22						Fee Rec		
City & State	28				6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to	- 1	
Zip	Country		Country	1	8. This corporation owes the current year Intangible			
24	25 29 30				Personal Property Tax.			
	9. Name and Address of Current	Registered Agent	81	N	10. Name and Address of New Registered	Agent		
TOIA	NTAFILOU, SAVAS		01	Name				
3152 W. VINA DEL MAR BLVD.			82	Street Add	ress (P.O. Box Number is Not Acceptable)			
ST. PETERSBURG BCH. FL 33706			83		•			
1			84	City		. 85 Zip C	ode	
l					<u>FI</u>	<u>-</u>		
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was author	rized by	the corporati	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	f changing its r sintment as reg	egistered istered	
SIGNATURE	,				;	_		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regis	stered Ager	nt signature require	ed when reinstating) DATE			
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR Change	RS IN 12	
TITLE	P		1.1 TITLE			☐ cliailge	☐ Addition	
NAME	TRIANTAFILOU, SAVAS		1.2 NAME					
STREET ADDRESS	3152 W. VINA DEL MAR BL			TADDRESS			ļ	
CITY-ST-ZIP	ST. PETERSBURG BCH., F		1.4 CITY-S	T-ZIP		☐ Change	Addition	
TITLE	V THETHOO HIDIOTOO		2.1 TITLE	İ		∐ Change		
NAME	TAKTIKOS, HRISTOS		2.2 NAME				J	
STREET ADDRESS	261 N. TESSIER DR.	1		TADDRESS				
CITY-ST-ZIP			2.4 CITY-5	ST-ZIP		Change	Addition	
TITLE	TANTING ENATEDINE	_	3.1 TITLE			90		
NAME	TAKTIKOS, EKATERINI 261 N. TESSIER DR.		3.2 NAME	TADDOCCO				
STREET ADDRESS	ST. PETERSBURG BCH., F	1		TADDRESS				
CITY-ST-ZIP	SI. PETENSBURG BUR, F		3.4. CITY-S 4.1 TITLE)1-ZIP		☐ Change	☐ Addition	
NAME	TRIANTAFILOU, CHRISTODOU		4. 2 NAME			_ ,		
ĺ	3152 W. VINA DEL MAR			T ADDRESS				
STREET ADDRESS	ST. PETERSBURG BCH FL		4.4 CITY-S	ì	."		1	
CITY-ST-ZIP	OT. TETERODORIO BOTT TE		5.1 TITLE	. 20		Change	Addition	
NAME		_	5.2 NAME	-			ļ	
STREET ADDRESS		ļ	5.3 STREE	TADDRESS	•	•	1	
CITY-ST-ZIP		J	5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition	
NAME		!	6.2 NAME					
STREET ADDRESS			6.3 STREE	TADDRESS				
CITY of 710		ľ	6.4 CITY-S	T-ZIP			Ì	

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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR