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Mar 19 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 # H63605

(0)

1. Corporation Name  
HABJAN'S PIZZA, INCORPORATED



Principal Place of Business

% NANCY M. HABJAN  
10953 SEMINOLE BLVD.  
SEMINOLE FL 34648

Mailing Address

% NANCY M. HABJAN  
10953 SEMINOLE BLVD.  
SEMINOLE FL 33778-3339

3. Date Incorporated or Qualified 07/01/1985  
3a. Date of Last Report 03/04/1996

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip 33778 Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

30

4. FEI Number NOT APPLICABLE  
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

9. Name and Address of Current Registered Agent

HABJAN, NANCY M.  
10953 SEMINOLE BLVD.  
SEMINOLE FL 34648

10. Name and Address of New Registered Agent

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
B5 Zip Code FL 33778

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HABJAN, FRANK L.	
STREET ADDRESS	10953 SEMINOLE BLVD.	
CITY - ST - ZIP	SEMINOLE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HABJAN, NANCY M.	
STREET ADDRESS	10953 SEMINOLE BLVD.	
CITY - ST - ZIP	SEMINOLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HABJAN, DOUGLAS J.	
STREET ADDRESS	10953 SEMINOLE BOULEVARD	
CITY - ST - ZIP	SEMINOLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	PUCKETT, LYNN
43 STREET ADDRESS	10953 SEMINOLE BLVD
44 CITY - ST - ZIP	SEMINOLE FL 33778
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do 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: Nancy M. Habjan NANCY M HABJAN 3-12-97 813-393-3984  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)