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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H65041

(6)

MES PIZZA, INC.

Principal Place of Business

4786 MEADOWVIEW BOULEVARD SARASOTA FL 34233 Mailing Address

4786 MEADOWVIEW BOULEVARD SARASOTA FL 34233-1962 10g.

FILED

97 JUL 15 AM 10: 11

SECRETARY OF STATE TALLAHASSEE, FLORIDA

US	*****	US					
		_			3. Date Incorporated or Qualified 07/08/1985	3a. Date of La 08/12/199	
2. Principal P	Place of Business	28. Mailing Address		Λ (()	4. FEI Number		Applied For
21 4411	beekidg 12#208		wax	1 AV	59-2552882		Not Applicable
Suite Apt.	#, etc.	Suite, Apt. #, etc.	1-2		5. Certificate of Status Desired		75 Additional e Regulred
City & Stat	14801C 72	City & State	176		6. Election Campaign Financing		<u></u>
23	34233	28 34112			Trust Fund Contribution		.00 May Be ded to Fees
Zip	Country	Zip	Countr	у	8. This corporation has liability for in		
24	25	29 30	o		· · · · · · · · · · · · · · · · · · ·]Yes □ No	
	9, Name and Address of Current I	Registered Agent			10. Name and Address of New Reg	Istered Agent	
	TH, MARK E.		81	Name			
	STICKNEY PT. RD., SUITE 203		82	Street Add	iress (P.O. Box Number is Not Acceptable	le)	
SAR	ASOTA FL 34231						
			83	1			
			84	City		- 85	Zip Code
L				<u></u> _			
office or r agent. I a	registered agent, or both, in the State of rm familiar with, and accept the obligation	f Florida. Such change was aut ons of, Section 607.0505, Florid	horized b	y the corpora	poration submits this statement for the pathon's board of directors, I hereby accep	t the appointmen	nt as registered
SIGNATURE	Signature, typed or printed name of registered agent.	and title if applicable. (NO1E: F	Registered Ag	inni signature requ	area when reinstating)	DATE	
12.	OFFICERS AND I	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	DP	☐ DELETE	1.1 TITLE			Char	nge Addition
NAME	SMITH, MARK EDMUND		1 2 NAME	Ì	9000022 -07/21/9 ****165	4326	95
STREET ADDRESS	4487 #A ASHTON RD		1.3 STREE	T ADDRESS	-07/21/9	/7U1123	U25
CITY-ST-ZIP	SARASOTA FL		1.4 City -	ST-ZIP	****155		
TITLE	T DELINE	☐ DELETE	2.1 TITLE			☐ Chai	nge Addition
NAME	SMITH, DENISE		2.2 NAME				
STREET ADDRESS	4487 #A ASHTON RD		1	1 ADDRESS			
CITY-ST-ZIP	SARASOTA FL	DELETE	2. 4 CHY-	ST-ZIP		Char	nge Addition
TITLE NAME	}	ריו מנונונ	3.1 TITLE			L Ulai	infic T Modiffoli
· · · · · · · · · · · · · · · · · · ·			3.2 NAME	T ADDOLOG	,		
STREET ADDRESS City-St-Zip			3.3 STREE 3.4, CHTY-	T ADDRESS			
TITLE		DELETE	4.1 TITLE	oi · Zir		Char	nge Addition
NAME		<u> </u>	4. 2 NAME				
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP			4.4 CHY-5				
TITLE		DELFTE	5.1 TITLE			Char	nge Addition
NAM S /			5.2 NAMÉ				
STREET ADDRESS		į	5.3 STREET	I ADDRESS			
CITY-ST-ZIP			5.4 GITY-1	ST-ZIP		K	l
TITLE		DELETE	6 1 TITLE			Z di	nge
NAME			6.2 NAME			- 1 19 K	1/
STREET ADDRESS			6.3 STREE	I ADDRESS			
CITY-ST-ZIP			6.4 CITY - 5	ST-ZIP		1	

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 cythe 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.

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all-12/12/17

pg.2

To Whom It May Concern:

Enclosed please find my Corporation Annual Report. This report was sent to our old office address, therefore was not receive until a few days ago. I enclosed a check for \$165.00 for the filing fee.

Thank you for your assistance in this matter. If you have any further questions please don't hesitate to call at 941-732-7474.

Sincerefy

Denise M. Smith

Controller