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

PROFIT **CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

FIL	ÆD
Apr 16 19	98 8:00am
Secretary	y of State

PIZZA	U. S. A. OF POMPANO, II	NC.				
Principal Plac	e of Business	Mailing Address				T SCRIPTION CHAR CHAIL ARREAD LIGGER LYNIN HIGH CHARL BARNI BARNI CHARL CHARL TRAK
FESTIVAL FLEA MARKET 1761 W HILLSBORD BLVD 2800 W. SAMPLE RD BAY 65 SUITE 401 POMPANO BCH FL 33067 DEERFIELD BEACH FL 33442 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
2. Principal P	Place of Business	2a. Mailing Addre	ess			07/18/1985         Applied For           4. FEI Number         Applied For           59-2581038         Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired S8.75 Additional Fee Required
City & Stat		City & State				6. Election Campalgn Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
Zip 24	Country 25 g, Name and Address of Curre	7/p 29 ent Registered Agent	30	ountry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
14.0		THE STORES TO SOLIT		81	Name	101 Milk Language of Lean Linksteines Whatte
WHALEN, NANCY 1761 W HILLSBORO BLVD SUITE 401			82		dress (P.O. Box Number is Not Acceptable)	
	ERFIELD BEACH FL 33442			83		
				84	City	FL 85 Zip Code
11, Pursuant office or ragent. I a	to the provisions of Sections 607.05 registered agent, or both, in the State or familiar with, and accept the obli	502 and 607.1508, Florid te of Florida. Such chang gations of, Section 607.0	a Statutes, the s se was authoriz 0505, Florida St	above ed by atutes	e-named col the corpora i.	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable	(NOTE: Registe	red Age	nt signatura requ	uired when reinslating) DATE
12.		ND DIRECTORS	13	s		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DEI	.ETE 1.1	TITLE		Change Addition
NAME	CASTELLANO II, M. MARK		1.2	NAME	- 1	
STREET ADDRESS	1761 W HILLSBORO BLVD	SUITE 4011	1.3	STREET	ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL			CITY-S	T- ZIP	
TITLE	D	DE		2.1 TITLE		LJ Change LJ Addition
NAME	CASTELLANO, JOHN	01070 404		NAME		
STREET ADDRESS	1761 W HILLSBORD BLVD :	SUITE 401	4		ADDRESS	
CITY-ST-ZIP TITLE	<u>DEERFIELD BEACH FL</u>	DEE		TITLE	51 - ZIP	☐ Change ☐ Addition
NAME	NEVIN, RAYMOND			NAME		
STREET ADDRESS	1761 W HILLSBORO BLVD	SUITE 401	P		ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	00112 101	1	CITY-S	1	
TITLE	S	DEI		TITLE		Change Addition
NAME	WHALEN, NANCY		4. 2	NAME		
STREET ADDRESS	1761 W HILLSBORO BLVD	Suite 401	4.3	STREET	ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL			CITY-S	T - ZIP	
TITLE		☐ DEI	.ETE 5.1	TITLE	1	☐ Change ☐ Addition
NAME				NAME	1	1
STREET ADDRESS			5.3	STREET	ADDRESS	
CITY-ST-ZIP		The.		CITY-S	r-ZIP	
TITLE		DEI	Ti Ti	TITLE	}	☐ Change ☐ Addition
NAME	•			NAME		
STREET ADDRESS					ADDRESS	•
CITY-ST-ZIP			6.4	CITY-S	r-zip	

14. Thereby 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 corever 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.