

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

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Apr 25 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 # L28397 (2) 1. Corporation Name FLORIDINO'S PIZZA, ETC., INC.																											
Principal Place of Business 300 CYPRESS GARDENS BLVD WINTERHAVEN FL 33880 US		Mailing Address 3560 CYPRESS GARDENS RD WINTERHAVEN FL 33884-2423 US																									
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country																									
9. Name and Address of Current Registered Agent FLORIDINO, MIKE 300 CYPRESS GARDENS BLVD WINTER HAVEN FL 33880		10. Name and Address of New Registered Agent 81 Name Mike Floridino 82 Street Address (P.O. Box Number is Not Acceptable) 3560 Cypress Gardens Road 83 84 City Winter Haven FL 85 Zip Code 33884																									
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 <i>[Signature]</i> Michael Floridino DATE 4/18/97 <small>(NOTE: Registered Agent signature required when reinstalling)</small>																											
12. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 10%;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>FLORIDINO, MIKE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>300 CYPRESS GARDENS BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WINTER HAVEN FL</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> DELETE	NAME	FLORIDINO, MIKE		STREET ADDRESS	300 CYPRESS GARDENS BLVD		CITY-ST-ZIP	WINTER HAVEN FL		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">1.1 TITLE</td> <td style="width: 40%;"></td> <td style="width: 10%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME			1.3 STREET ADDRESS			1.4 CITY-ST-ZIP		
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CR2E034 (9/96)

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 executor 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 unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **4/18/97** **941-324-1006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Michael Floridino