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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

May 10, 1999 8:00 am Secretary of State

05-10-1999 90144 016 ***150.00

1. Corporation	MENT # L28397 NO'S PIZZA, ETC., INC.	7						
Principal Place	e of Business	Mailing Address				# INCHINAL WIR TIMEN IN THE	Alāli atan biel	#18() DIQ(1881
•	GARDENS BLVD	3560 CYPRESS GA	RDENS RD					
WINTERHAVEN FL 33880 WINTERHAVEN FL 33884						DO NOT WEITE IN THE	200405	
US		US				DO NOT WRITE IN THIS	SSPACE	
						3. Date Incorporated or Qualified 11/06/1989		
2 Origanical Di	lace of Business	2a. Mailing Addre	ee			4. FEI Number		Applied For
	lace of pusitiess	26	00			59-2999899		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, 6	etc.			_	\$8.75	Additional
22	.,	27				5. Certifcate of Status Desired	Fee F	Required
City & State	e	City & State				6. Election Campaign Financing	\$5.00) Мау Ве
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip		ountry		8. This corporation owes the current year Ir		
24	25	29	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New Registered	Agent	
FLO	RIDINO, MIKE							
3560 CYPRESS GARDENS ROAD					Street Addre	ess (P.O. Box Number is Not Acceptable)]
	TER HAVEN FL 33884			83				· · · · · ·
				84	City	FI	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida	a Statutes, the	above-r	named corpo	oration submits this statement for the purpose of	f changing i	ts registered
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida, Such chang	e was authorize	ed by th	e corporatio	in's board of directors. I neteby accept the appu	ointment as i	registered
office or n agent. I a	egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. Such chang pations of, Section 607.05 pent and title if applicable.	e was authorize 505, Florida Sta (NOTE: Register	ed by th atutes. red Agent s	ie corporatio	on's board of directors. I nereby accept the appointment of the property of th		
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6.4 CITY-ST-ZIP CITY-ST-ZIP 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 it made under oath; that I am an officer or director of the corporation or the receives or trustee embowered 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 appear with an address with all other like empowered.

SIGNATURE:

STREET ADDRESS

SENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

79/99 94/- 326-/006 Dautrie Phone #