

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L32655 (7)

1. Corporation Name

PAPA'S PUB, INC.



Principal Place of Business

% LOUIS GIANELLI
1615-1617 SW 81 ST AVE
N. LAUDERDALE FL 33068

Mailing Address

% LOUIS GIANELLI
1615-1617 SW 81 ST AVE
N. LAUDERDALE FL 33068

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

GIANELLI, LOUIS
1615-1617 SW 81 ST
N. LAUDERDALE FL 33068

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

(Signature of person providing the signature for this corporation)

(Signature of person accepting appointment as registered agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	GIANELLI, LOUIS	☐ DELETE
NAME		1615-1617 SW 81ST AVE	
STREET ADDRESS		N. LAUDERDALE FL	
CITY-STATE-ZIP			
TITLE	V	GIANELLI, JOAN	☐ DELETE
NAME		1615-1617 SW 81ST AVE	
STREET ADDRESS		N. LAUDERDALE FL	
CITY-STATE-ZIP			
TITLE			☐ DELETE
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			☐ DELETE
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			☐ DELETE
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	☐ Change ☐ Addition
14 TITLE	
15 NAME	
16 STREET ADDRESS	
17 CITY-STATE-ZIP	
18 TITLE	
19 NAME	
20 STREET ADDRESS	
21 CITY-STATE-ZIP	
22 TITLE	
23 NAME	
24 STREET ADDRESS	
25 CITY-STATE-ZIP	
26 TITLE	
27 NAME	
28 STREET ADDRESS	
29 CITY-STATE-ZIP	
30 TITLE	
31 NAME	
32 STREET ADDRESS	
33 CITY-STATE-ZIP	
34 TITLE	
35 NAME	
36 STREET ADDRESS	
37 CITY-STATE-ZIP	
38 TITLE	
39 NAME	
40 STREET ADDRESS	
41 CITY-STATE-ZIP	
42 TITLE	
43 NAME	
44 STREET ADDRESS	
45 CITY-STATE-ZIP	
46 TITLE	
47 NAME	
48 STREET ADDRESS	
49 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 affidavit with an address.

SIGNATURE:

Louis Gianelli Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96 954-720-4322
Date Time

CR2E034 (12/95)