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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L32655** 1. Corporation Name

PAPA'S PUB. INC.

Principal Place of Business % LOUIS GIANELLI

Mailing Address

% LOUIS GIANELLI

1615-1617 SW 81 ST AVE 1615-1617 SW 81 ST AVE DO NOT WRITE IN THIS SPACE N. LAUDERDALE FL 33068 N. LAUDERDALE FL 33068 3. Date Incorporated or Qualifed 11/27/1989 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address -65-0159165 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State Election Campaign Financing City & State \$5.00 May Be .D. Trust Fund Contribution Added to Fees --ŽĴ 28 Žip Country This corporation owes the current year Intangible Zip Country Personal Property Tax. 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GIANELLI, LOUIS 82 Street Address (P.O. Box Number is Not Acceptable) 1615-1617 SW 81 ST N. LAUDERDALE FL 33068 83

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.

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City

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition □ DELETE 1.1 TITLE ☐ Change TITLE GIANELLI, LOUIS 12 NAME NAME 1615-1617 SW 81ST AVE 1.3 STREET ADDRESS STREET ADDRESS N. LAUDERDALE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 2.1 TITLE TITLE GIANELLI, JOAN 2.2 NAME NAME 1615-1617 SW 81ST AVE 2.3 STREET ADDRESS STREET ADDRESS n. Lauderdale fl 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition T DELETE 3.1 TILE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY+ST-7IP CITY-ST-ZIP Change Addition 6.1 TITLE ☐ DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-7IP

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 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 attachment with an address, with all other like empowered.

Zip Code

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