FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED
AND
FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L34700 (9)

CALZONE, PIEROGI, AND MEATPIE INC.

Principal Place of Business:
C/O KAREN CATANIA
1001 N.W. 62ND STREET #405
FT. LAUDERDALE FL 33309

Mailing Address:
C/O KAREN CATANIA
1001 N.W. 62ND STREET #405
FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 12/04/1989
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21
Suite, Apt. #
22
City & State
23
Zip
24
County
25

2a. Mailing Address
26
Suite, Apt. #
27
City & State
28
Zip
29
County
30

4. FEI Number: 65-0161005
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has latest, or intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CATANIA, KAREN
C/O CPM INC.
1001 NW 62ND STREET #405
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

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 607.1508, 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
(If changing Registered Agent, Registered Agent must sign above) (If changing Registered Agent address only, Registered Agent must sign below) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	STD	TITLE	☐ Change ☐ Addition
NAME	CATANIA, KAREN	NAME	
STREET ADDRESS	10640 N.W. 17TH PLACE	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	CITY-ST-ZIP	
TITLE	VD	TITLE	☐ Change ☐ Addition
NAME	LABESKIS, ROBERT A.	NAME	
STREET ADDRESS	6111 N.W. 62ND STREET	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	CITY-ST-ZIP	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	GREENE, MICHAEL O.	NAME	
STREET ADDRESS	10640 N.W. 17TH PLACE	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. To the best of my knowledge, the information supplied with this filing is complete and accurate. I further certify that the information indicated on this 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 11 or Block 12 above, or on an attachment with an address.

SIGNATURE: Karen Catania Karen Catania 5/3/95 (305) 772-3662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0217014 CP