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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L34700** **(9)**

1. Corporation Name

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

3. Date Incorporated Or Qualified: **12/04/1989**

3a. Date of Last Report: **05/10/1995**

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

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

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

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 liability for 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD [ ] DELETE	1.1 TITLE	[ ] Change [ ] Addition
NAME	CATANIA, KAREN	1.2 NAME	
STREET ADDRESS	10640 N.W. 17TH PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	
TITLE	VD [✓] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME	LABESKIS, ROBERT A.	2.2 NAME	
STREET ADDRESS	6111 N.W. 62ND STREET	2.3 STREET ADDRESS	← delete
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	PD [ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME	GREENE, MICHAEL O.	3.2 NAME	
STREET ADDRESS	10640 N.W. 17TH PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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)(k), 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 is an authorized with an address.

SIGNATURE: Karen Catania Karen Catania 4/8/96 (305) 772-3662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)