

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L36918 (5)**

1. Corporation Name
SLOPPY GIUSEPPE'S OF HOLLYWOOD, INC.



Principal Place of Business
**101 NORTH OCEAN DR.
HOLLYWOOD FL 33019**

Mailing Address
**101 NORTH OCEAN DR.
HOLLYWOOD FL 33019**

3. Date Incorporated or Qualified: **12/15/1989**
3a. Date of Last Report: **04/27/1995**

4. FEI Number: **65-0174420**
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 liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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

9. Name and Address of Current Registered Agent

**SCALZI, SAVERIO
2455 NE 184TH ST.
MIAMI BCH FL 33160**

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 607.02(3) and 607.02(5), Florida Statutes, the above named corporation submits the 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 this appointment as registered agent. I am familiar with and accept the obligations of Sections 607.02(3) and 607.02(5), Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCALZI, SAVERIO	
STREET ADDRESS	101 N. OCEAN DR.	
CITY, ST, ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I do hereby certify that the information reported in this form was voluntarily furnished as fully and accurately as possible for the exemption statute in Section 199.03(2)(k), Florida Statutes. I further certify that the information indicated on this form is a report or supplemental annual report to the Department and is 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 registered agent for the corporation as reported to the Department as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on a certificate with an address.

SIGNATURE: *Saverio Scalzi* (SAVERIO SCALZI) 4-2-96 - 954-9637767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)