

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L39804** (4)

1. Corporation Name
PJ'S SANDWICH SHOP INC.



Principal Place of Business % PATRICIA M. O'CONNOR 12342 US 301, P.O. BOX 117 PARRISH FL 34219	Mailing Address % PATRICIA M. O'CONNOR 12342 US 301, P.O. BOX 117 PARRISH FL 34219-8685
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3. Date Incorporated or Qualified 12/13/1989	3a. Date of Last Report 04/23/1996
4. FEI Number 59-2992312	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent O'CONNOR, PATRICIA M. 12342 US 301 PARRISH FL 34219	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
<input type="checkbox"/> DELETE	
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
<input type="checkbox"/> DELETE	
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
<input type="checkbox"/> DELETE	
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
<input type="checkbox"/> DELETE	
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
<input type="checkbox"/> DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.2 NAME
1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.1 TITLE	2.2 NAME
2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.1 TITLE	3.2 NAME
3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE	4.2 NAME
4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do 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.

SIGNATURE: **PATRICIA M. O'CONNOR** 4/17/97 941-7762301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)