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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L60978

(8)

A & S PIZZA STOP, INC.

officer or director of the corporation or Block 12 or Block 13 if changed, or on

FILED Mar 16 1998 8:00am Secretary of State

Principal Plac	ce of Busines	:S	Mailin	Mailing Address				-{	T(B)) E(B)) OLD)	JI Viş il i şi l	
% SALVATOR				% SALVATORE AMICO							
8275 PINE IS	SLAND RD.			8275 PINE ISLAND RD.							
TAMARAC FL	. 33321-1541		TAMA	TAMARAC FL 33321-1541				DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualified			
2. Principal Place of Business 2a. Mailing Address								03/20/1990 4. FEI Number :			
· ·	Tace of Dusii	1055	<u> </u>	2a. Mailing Address				1	<u> </u>	oplied For	
Suite, Apt.	# etc			Suite, Apt. #, etc.				65-0187304		ot Applicable Additional	
22	,			27				5. Certificate of Status Desired		equired	
City & Stat	te			City & State				6. Election Campaign Financing	\$5.00	May Be	
23			28					Trust Fund Contribution		to Fees	
Zip		Country	Zip	Zip Cou			/	8. This corporation owes or has paid the current year Intangible			
24	25			29 30				Personal Property Tax due June 30. Yes No			
9, Name and Address of Current Registered Agent AMICO CALVATORE 81 Name								10. Name and Address of New Registered Agent			
AMICO, SALVATORE						01	IName				
	7 5 Pine isi Ma r ac fl	LAND HD.					Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
17	MANAU FL					83					
İ						84	City	,	85 Zip (Code	
44 D	to the over in	iana af Captiona COZ	0000 0010	too Flexide Otel	to a disc of			FL	-1		
11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 Signature, typed or printed name of registered agent and tilled applicable (NOTE: Registered Agent signature required when reinstating) DATE											
12.		OFFICERS	AND DIRECTO	RS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOF	1S IN 12	
TITLE	PD			☐ DELETE	1.8 TIT	LE			Change	Addition	
NAME		SALVATORE			1.2 NA	ME				İ	
STREET ADDRESS		ne island RD.			. 1.3 ST	REET	ADDRESS				
CITY-ST-ZIP	TAMAR/	NC FL					ST-ZIP				
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NAME					2.2 NA						
STREET ADDRESS							ADDRESS	'			
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NAME					. 5.2 NA	ME					
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NAME		\	1	\	6.2 NA	ME	İ				
STREET ADDRESS		\	1		1		ADDRESS				
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14. I hereby certify that the information supplied with his filing tools 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 supplicate 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 eceiven or further empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in											