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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L80102

MANATEES PIZZA, INC.

									81811 6181 1 1811 81811 61811 1881
Principal Place	e of Business	Mailing Address				- - 	IN BANKE TIEL BINTI	AIBIT BIRTH RIGH	BIBIA BADIA (BB) A ste
% LOIS MARIE		% LOIS MARIE BECK							1
3941 TAMIAMI TRAIL #3135. BURNT STORE SQ.		3941 TAMIAMI TRAIL #3135. BURNT STORE SQ.			E SO.				
PUNTA GORDA	FL 33950	PUNTA GORDA FL 33950				DO NOT WRITE IN THIS SPACE			
					•	3. Date Incorporated or Quali	ted		,
2 0	(B. disease	20 Mailing Address				06/13/1990 4. FEI Number			oplied For
—	lace of Business	2a. Mailing Address				65-0203173		<u> </u>	ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				<u> </u>			Additional
22 Suite, Apr.	#, 6 10.	27				5. Certifcate of Status Desire	d 🗆		equired
City & Stat	e	City & State				6. Election Campaign Financi	ina	\$5.00	May Be
23	-	28				Trust Fund Contribution	"'y 🗆		to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the	current year Ir	ntangible	
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of No	w Registered	l Ágent	
pro	V LOIC MADIF			81 N	lame				
	k, lois marie I tamiami trail #3135			82 S	treet Addre	ess (P.O. Box Number is Not Acc	eptable)		
	NT STORE SQUARE						2 9.40	5 701 to \$1. 876 (444 - 4 - 124
	TA GORDA FL 33950			83					
FUN	IIA GONDA FE 33930			84 C	City		, , , , , , , , , , , , , , , , , , , ,		Code
							FI		
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 607.1508, Florida Statu of Florida, Such change was	utes, the a authorized	bove-na by the	amed corpo corporation	pration submits this statement for n's board of directors. I hereby a	the purpose o	it changing its pintment as re	s registered egistered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Fi	lorida Stati	ites.		•			
SIGNATURE	·		•		•		DATE		·
40	Signature, typed or printed name of registered age	ent and title if applicable. (NO)		Agent sig	nature required	when reinstating)			
TITLE		ND DIDECTORS	1 12			ADDITIONS/CHANGES TO	OFFICERS A	NO DIRECTO	ORS IN 12
		ND DIRECTORS	13.	n F		ADDITIONS/CHANGES TO	OFFICERS A		ORS IN 12 ☐ Addition
	D	ND DIRECTORS	1.1 TI				OFFICERS A	ND DIRECTO	
NAME	D BECK, LOIS		1.1 TI 1.2 N	ME	npess		OFFICERS A		
STREET ADDRESS	D BECK, LOIS 820 KINGS CT-APT H		1.1 TI 1.2 NJ 1.3 ST	ME REET ADO			OFFICERS A		
STREET ADDRESS CITY-ST-ZIP	D BECK, LOIS 820 KINGS CT-APT H PUNTA GORDA FL	☐ DELETE	1.1 TI 1.2 N/ 1.3 SI 1.4 CI	NME REET ADO TY-ST-ZIF			OFFICERS A		
STREET ADDRESS CITY-ST-ZIP TITLE	D BECK, LOIS 820 KINGS CT-APT H PUNTA GORDA FL D		1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI	ME REET ADO TY-ST-ZIF TLE			OFFICERS A	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	D BECK, LOIS 820 KINGS CT-APT H PUNTA GORDA FL D BECK, JAMES J.	☐ DELETE	1.1 TI 1.2 NV 1.3 SI 1.4 CI 2.1 TI 2.2 NV	ME REET ADO TY-ST-ZIF TLE ME	>		OFFICERS A	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D BECK, LOIS 820 KINGS CT-APT H PUNTA GORDA FL D BECK, JAMES J. 3507 PAUL PLACE	☐ DELETE	1.1 TT 1.2 Nv 1.3 ST 1.4 CI 2.1 TT 2.2 Nv 2.3 ST	ME REET ADO TY-ST-ZIF TLE ME REET ADO	DRESS		OFFICERS A	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECK, LOIS 820 KINGS CT-APT H PUNTA GORDA FL D BECK, JAMES J.	☐ DELETE	1.1 TT 1.2 Nv 1.3 ST 1.4 CI 2.1 TT 2.2 Nv 2.3 ST	ME REET ADD TY-ST-ZE TLE ME REET ADD TY-ST-ZE	DRESS		OFFICERS A	☐ Change	☐ Addition
STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE	D BECK, LOIS 820 KINGS CT-APT H PUNTA GORDA FL D BECK, JAMES J. 3507 PAUL PLACE	☐ DELETE	1.1 TT 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 C	ME REET ADO TY-ST-ZIF TLE ME REET ADO TY-ST-ZIF TLE	DRESS		OFFICERS A	☐ Change	☐ Addition
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CITY-ST-ZIP 14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90023 008 ***150.00