FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

Mar 25 1998 8:00am **PROFIT** FLORIDA DEPARTMENT (STATE CORPORATION Sandra B. Morth ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORA IONS **DOCUMENT** # M21906 (6)SALVATORE'S PIZZERIA, INC. Principal Place of Business Mailing Address 271 NE 6TH AVENUE 271 NE 6TH AVENUE DELRAY BEACH FL 33483-5514 DELRAY BEACH FL 33483-5514 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>10/14/1985</u> 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 21 59-2608358 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country $Z_{1}p$ 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MICELI, SALVATORE 271 NE 6TH AVENUE Street Address (P.O. Box Number is Not Acceptable) **DELRAY BEACH FL 33444** 63 City 84 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 agont, 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 11TITLE ☐ Change ☐ Addition MICELI, SALVATORE NAME 1.2 NAME 271 ME 6TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS **DELRAY BEACH FL 33483** CITY-ST-ZIP 1.4 CITY+ST-ZIP DELETE Change TITLE 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE TITLE 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETÉ TITLE 4.1 TITLE ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP 14. Thereby 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

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