


FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90019 033 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000002890					
1. Corporation Name PIZZA WORLD MARKETING FUND, INC.					
Principal Place of Business 5125 WILLOW LEAF DRIVE SARASOTA FL 34241			Mailing Address 5125 WILLOW LEAF DRIVE SARASOTA FL 34241		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date incorporated or Qualified 05/18/1998 4. FEI Number Applied For <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent BURNHAM, THOMAS N 5125 WILLOW LEAF DRIVE SARASOTA FL 34241			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 817.0502 and 817.1508, 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 817.0503, Florida Statutes.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
12. OFFICERS AND DIRECTORS <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 TITLE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

1/25/99

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