FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

P16563

(9)

PIZZUTI	IL IL	/ECTI	ACKET	INIO
PIZZUII	1IN	Y EO I I	MEINI	

Principal Place	of Business	Mailing Address				HIND RUK BYDIN DIBU DEDIK BUDIR DIDUK BUDIR DEBU
255 \$. OR/ SUITE 1350 ORLANDO		255 S. ORANGE AV SUITE 1350 ORLANDO FL 32801			3. Date Incorporated or Qualified	3a. Date of Last Report
					10/27/1987	06/29/1995
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			31-1220585	Not Applicable
Suite, Apt. 4		Suite, Apt. #, etc.	*		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Oity & State	,	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z _I p	Country	Zip	Countr	y	8. This corporation has liability for	
24	[25]	[29]	[30]			∏ No
	9. Name and Address of Curre	ent Registered Agent	81	Name	10. Name and Address of New F	legistered Agent
0.7.0	ADDADATION OVOTEM		01			
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD			82	Street Ado	lress (P.O. Box Number is Not Acceptab	ole)
	ATION FL 33324		83		an and makes mana and an anadara de Maraka Samak da and da and da	MP 97 1974 A 44 P 1 464 14 17 97 7 14 15 17 14 1 15 14 15 15 15 15 16 16 17 16 16 16 16 16 16 16 16 16 16 16 1
			84	City		85 Zip Code
						FL
or registere familiar wit SIGNATURE	ed agent, or both, in the State of Flo h, and accept the obligations of, Se	rida. Such change was auth ori ction 607.0505, Florida Statu te :	zed by the corp s.	poration's bioa	ration submits this statement for the pur ird of directors. I hereby accept the app	ointment as régistered agent. I am
12.	Signature, typod or printed name of registered age CIEFLICERS A	ND DIRECTORS	OTE Flogistered Age	ini signature require	ADDITIONS/CHANGES TO OFF	DATE: ICERS AND DIRECTORS IN 12
TITLE	PTD	T DELETE	1 1 THTLE		ADDITIONS/CHANGES TO OFF	Change Addition
NAME	PIZZUTI, RONALD A	•	1.2 NAME			
STREET ADDRESS	250 E. BROAD ST., SUITE	1900	13 STREE	T ADDRESS		
CITY-SI-7P	COLUMBUS OH		1.4 C/(Y-	ST - ZIP		
TITLE	S	[] DELETE	2 1 TITLE			Change Addition
NAME	SMITH, FREDRIC L		2 2 NAME			
STREET ACCRESS	41 S. HIGH ST.		2 3 STREE	1 Address		
CITY-ST-ZiP	COLUMBUS OH		24 CHY-	ST-ZIP		
TITLE		☐ DELETE	3. 1 TITLE			Change Addition
NAME			3.2 NAME			t
STREET ADDRESS			3 3. STREE	1 ADDRESS		
CITY-ST-ZIP		DELETE	3.4 C(TY-			Change C Addition
TITLE		L_] bereit	4. 1 TILE			Change Addition
NAME STREET ADDRESS			4.2 NAME	1.4000000		٠.
				1 ADDRESS		
CITY-ST-ZIF TITLE		DELETE	4.4 CITY - 5. 1 TITLE	51-211		Change Addition
NAME			5.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		•	5.4 CITY~:			
TITLE		DELETE	6. 1 TITLE			Change DAddition
NAME			6.2 NAME			
STREET ADDRESS		•		T ADDRESS		•
CHY-SI-ZIP			6.4 CHY-3			
14. I do hereby certify that	y certify that the information and lied the information indicates on this ani	f with this filing is voluntarily fun nual report or supplemental and	nished and doc Nat report is tr	es not qualify t ue and accura	for the exemption stated in Section 119, ate and that my signature shall have the	07(3)(k), Florida Statutes. I further same legal effect as if made under

SIGNATURE:

oath; that I am an officer or direct appears in Block 12 or Block 1

MONATURE AND TYPED ON PRINTED NAME OF SIGNING AFFICER OR DIRECTOR

Agral 20, 1896 64. 365. 400/

owered to execute this report as required by Chapter 607, Florida Statutes; and that my name

CR2E034 (12/95)