

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P40299 (0)

1. Corporation Name

MR. PIZZA MAN FRANCHISE SYSTEMS, INC.



Principal Place of Business

Mailing Address

11919 BERRYBROOK TERRACE
UPPER MARLBORO MD 20772

11919 BERRYBROOK TERRACE
UPPER MARLBORO MD 20772

8901 49th Ave.

8901 49th Ave.

College Park MD 20740

College Park MD 20740

2. Principal Place of Business

21 8901 49th Avenue

Suite, Apt. #, etc.

22 City & State

23 College Park MD

24 Zip

20740

Country

25

2a. Mailing Address

26 8901 49th Avenue

Suite, Apt. #, etc.

27 City & State

28 College Park MD

29 Zip

20740

Country

30

3. Date Incorporated or Qualified

08/25/1992

3a. Date of Last Report

08/01/1995

4. FEI Number

52-1705085

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RONALD FUNK
4621 PARK BREEZE CT.
ORLANDO FL 32808

81 Name

RONALD FUNK

82

Street Address (P.O. Box Number is Not Acceptable)

SAME

83

84 City

FL

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 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 obligation of, Section 607.0509, Florida Statutes.

SIGNATURE

Ronald Funk

(NOTE: Registered Agent signature required when reinstating)

5/13/96

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME QUINN, JOHN C.
STREET ADDRESS 11919 BERRYBROOK TERR.
CITY-ST-ZIP UPPER MARLBORO MD

TITLE VP ☐ DELETE

NAME QUINN, TERRENCE J.
STREET ADDRESS 9404 FAIRHAVEN AVE.
CITY-ST-ZIP UPPER MARLBORO MD

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

12120 Northwood Drive
Upper Marlboro MD 20772

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

100001835981
-05/23/96--01007--018
***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

3/25/96

1301-982-0762

CR2E034 (12/95)