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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

8901 49TH AVENUE
COLLEGE PARK MD 20740

Mailing Address

8901 49TH AVENUE
COLLEGE PARK MD 20740-2007

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

08/25/1992

3a. Date of Last Report

05/01/1996

4. FEI Number

52-1705085

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$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

FUNK, RONALD
4621 PARK BREEZE COURT
ORLANDO FL 32808

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 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person changing registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE ☐ DELETE

P
QUINN, JOHN C.
12120 NORTHWOOD DRIVE
UPPER MARLBORO MD 20772

12 TITLE ☐ DELETE

VP
QUINN, TERRENCE J.
9404 FAIRHAVEN AVE.
UPPER MARLBORO MD

13 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

14 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

15 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

16 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

P
QUINN, JOHN C.
2819 Cox Neck Road
Chester, Maryland 21614-2346

12 TITLE ☐ Change ☐ Addition

21 NAME
22 STREET ADDRESS
23 CITY - ST - ZIP

24 TITLE ☐ Change ☐ Addition

31 NAME
32 STREET ADDRESS
33 CITY - ST - ZIP

34 TITLE ☐ Change ☐ Addition

41 NAME
42 STREET ADDRESS
43 CITY - ST - ZIP

44 TITLE ☐ Change ☐ Addition

51 NAME
52 STREET ADDRESS
53 CITY - ST - ZIP

54 TITLE ☐ Change ☐ Addition

61 NAME
62 STREET ADDRESS
63 CITY - ST - ZIP

14. I do 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.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97
Date

801-982-0762
Daytime Phone #

0496704

CR2E034 (9/96)