## **FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Principal Place of Business

8901 49TH AVENUE

DOCUMENT # P40299

(0)

MR. PIZZA MAN FRANCHISE SYSTEMS, INC.

Mailing Address	) <del>(1888-1881)   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1888-1888   1</del>	
8901 49TH AVENUE		

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May 08 1997 8:00am

Secretary of State

						l l	te Incorporated o	r Qualified	Į.	te of Last R	eport
··· 1	Place of Business	2a. Mailing Add	iress				Number			Ar	plied For
21		26				5	2-1705085				t Applicable
Suite, Ap <b>22</b>	ol #, etc.	Suite, Apt. #	, etc.			5. Ce	rtificate of Status	Desired		\$8.75 . Fee Re	
City & St	ale	City & State		····		6. Fle	ction Campaign I	inancing		\$5.00	
23		28					st Fund Contribut	-		Added	
Zφ	Country	Zip		Country		<b>8.</b> Thi	s corporation has				199.032,
24	25	29	30				rida Statutes			No	
		Current Registered Agent		81	Name	10. Na	me and Address	Of New He	gistered /	Agent	
	JNK, RONALD				inarile						
	121 PARK BREEZE COURT RLANDO FL 32808			82	Street A	Address (P.O.	Box Number is N	ot Acceptab	ole)		
Uł	KLANDO FL 32008			83							
				84	City				FI	85 Zip	Code
11. Pursuar	nt to the provisions of Sections ringistered agent, or both, in t	607.0502 and 607.1508, Flor	ida Statutes, th	he above	-named	corporation su	bmits this statem	ent for the p	ourpose of	changing it	s registered
SIGNATURE	am tamiliar with, and accept t	g steroid agent and litte e applicable				required when reins	tatin <b>g)</b>		DATE		
	<ul> <li>Signature bypical or printed making of reg</li> </ul>										
12.		ERS AND DIRECTORS		13.		ADD	ITIONS/CHANGE	S TO OFFIC	CERS AND	DIRECTOR	IS IN 12
<b>12.</b>	OFFIC	CERS AND DIRECTORS		*****		P		S TO OFFIC	CERS AND	DIRECTOR  Change	
	OFFIC P QUINN, JOHN C.	ERS AND DIRECTORS	DELETE	13. 11 T(TLE 1.2 NAME		Guinh' 2	ohu C.	<del>, ,</del>	CERS AND		
THLE NAME STREET ADDRESS	OFFIC P QUINN, JOHN C. 12 <del>120 Northwood (</del>	ERS AND DIRECTORS	DELETE	13. 11 Title 1.2 NAME 1.3 STREET	ADDRESS	9 QUINN, J 2819 (0)	TOHN C.	d			
THLE NAME STREET ADDRESS COLY+ST-ZIP	OFFICE P QUINN, JOHN C. 12 <del>120 NORTHWOOD E</del> UPPER MARLBORD M	ERS AND DIRECTORS TO  DRIVE D 20772	DELETE	13. 11 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	ADDRESS	9 QUINN, J 2819 (0)	ohu C.	d		<b>K</b> Change	☐ Addition
THE NAME STREET ADDRESS CHY-ST-ZIP THEE	OFFICE P QUINN, JOHN C. 12120 NORTHWOOD E UPPER MARLBORD MI VP	ERS AND DIRECTORS TO  DRIVE D 20772	DELETE	13. 11 THILE 1.2 NAME 1.3 STREEF 1.4 CHTY-S 2.1 THILE	ADDRESS	9 QUINN, J 2819 (0)	TOHN C.	d			☐ Addition
THE NAME STREET ADDRESS CHY-ST-ZIP THEF NAME	OFFICE P QUINN, JOHN C. 12 <del>120 NORTHWOOD E</del> UPPER MARLBORO MI VP QUINN, TERRENCE J.	DERIVE DESCRIPTIONS  DESCRIPTION  DESCRIPTIO	DELETE	13. 11 TITLE 1.2 NAME 1.3 STREEF 1.4 CITY-S 2.1 TITLE 2.2 NAME	ADDRESS T-ZIP	9 QUINN, J 2819 Cox	TOHN C.	d		<b>K</b> Change	☐ Addition
THE NAME STREET ADDRESS CHY-ST-ZIP THLE NAME STREET ADDRESS	P QUINN, JOHN C. 12 <del>120 NORTHWOOD C</del> UPPER MARLBORO MI VP QUINN, TERRENCE J. 9404 FAIRHAVEN AVE.	DERIVE DE 20772	DELETE	13. 11 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS 1 · ZIP ADDRESS	9 QUINN, J 2819 Cox	TOHN C.	d		<b>K</b> Change	☐ Addition
THE NAME STREET ADDRESS CHY-ST-ZIP THEF NAME	OFFICE P QUINN, JOHN C. 12 <del>120 NORTHWOOD E</del> UPPER MARLBORO MI VP QUINN, TERRENCE J.	DERIVE DIRECTORS DE CONTROL DE CO	DELETE	13. 11 TITLE 1.2 NAME 1.3 STREEF 1.4 CITY-S 2.1 TITLE 2.2 NAME	ADDRESS 1 · ZIP ADDRESS	9 QUINN, J 2819 Cox	TOHN C.	d		<b>K</b> Change	Addition
TOTE  NAME  STREET ADDRESS  CUTY STEZIP  TITLE  NAME  STREET LADDRESS  CUTY STEZIP	P QUINN, JOHN C. 12 <del>120 NORTHWOOD C</del> UPPER MARLBORO MI VP QUINN, TERRENCE J. 9404 FAIRHAVEN AVE.	DERIVE DIRECTORS DE CONTROL DE CO	DELETE  DELETE	13. 11 TITLE 1.2 NAME 1.3 STREEF 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREEF 2.4 CITY-S	ADDRESS 1 · ZIP ADDRESS	9 QUINN, J 2819 Cox	TOHN C.	d		Change	Addition
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Information indicated on this and I am air off Jer or director of the appears in Block 12 or Block 7. eport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under of oration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0496704