

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

55 MAY -1 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000014378 (3)

1. Corporation Number

CAPE PIZZA CORP.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/21/1992** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0396602** 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

Principal Place of Business
**2301 DEL PRADO BLVD.
CAPE CORAL FL 33990
US**

Mailing Address
**2301 DEL PRADO RD.
CAPE CORAL FL 33990
US**

2. Principal Place of Business
21 2a. Mailing Address
26 **22 Y S.W. 37th LN**

Suite, Apt. #, etc.
22 Suite, Apt. #, etc.

City & State
23 City & State
CAPE CORAL FL

Zip
24 Country
25 Zip
29 **33990** Country
30

9. Name and Address of Current Registered Agent

**DITOMAS, GREGORY
2301 DEL PRADO BLVD.
100 SE 2ND ST.
CAPE CORAL FL 33990**

10. Name and Address of New Registered Agent

81 Name **Di TOMASO, GREGORY**
82 Street Address (P.O. Box Number is Not Acceptable) **22 Y S.W. 37th LN**
83
84 City **CAPE CORAL** **FL** **85** Zip Code **33990**

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: Gregory D. Tomaso]* **5/1/95**

12. OFFICERS AND DIRECTORS

12.1 TITLE	P
12.2 NAME	DITOMASO, GREGORY
12.3 STREET ADDRESS	224 SW 37TH LN.
12.4 CITY, ST., ZIP	CAPE CORAL FL
12.5 TITLE	VP
12.6 NAME	DITOMASO, WILLIAM
12.7 STREET ADDRESS	1448 SE 14TH TERR.
12.8 CITY, ST., ZIP	CAPE CORAL FL
12.9 TITLE	T
12.10 NAME	DITOMASO, EUGENE
12.11 STREET ADDRESS	2177 KINGS LAKE BLVD.
12.12 CITY, ST., ZIP	NAPLES FL
12.13 TITLE	S
12.14 NAME	DITOMASO, ROSE
12.15 STREET ADDRESS	2177 KINGS LAKE BLVD.
12.16 CITY, ST., ZIP	NAPLES FL
12.17 TITLE	
12.18 NAME	
12.19 STREET ADDRESS	
12.20 CITY, ST., ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST., ZIP	
13.5 TITLE	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST., ZIP	
13.9 TITLE	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST., ZIP	
13.13 TITLE	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST., ZIP	
13.17 TITLE	☐ Change ☐ Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY, ST., ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b) Florida Statutes. I further certify that the information included 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. I am an officer or director of this corporation or the manager or treasurer empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *[Signature: Rose Di Tomaso]* **5/1/95** **(813) 939-3130**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROSE Di TOMASO, SEC