

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 20 AM 10:19

DOCUMENT # P93000005887 (3)

1. Corporation Name

MIKE PLETKA, INC.

Principal Place of Business

7314 LANGFORD WAY  
ORLANDO FL 32822

Mailing Address

7314 LANGFORD WAY  
ORLANDO FL 32822

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/19/1993

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4. FEI Number

59-3162716

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. 190.039,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

PLETKA, MIKE  
7314 LANGFORD WAY  
ORLANDO FL 32822

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
PLETKA, MICHAEL E  
7314 LANGFORD WAY  
ORLANDO FL 32822

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE  
1 2 NAME  
1 3 STREET ADDRESS  
1 4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
PLETKA, LOVETTA R  
7314 LANGFORD WAY  
ORLANDO FL 32822

2 1 TITLE  
2 2 NAME  
2 3 STREET ADDRESS  
2 4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3 1 TITLE  
3 2 NAME  
3 3 STREET ADDRESS  
3 4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4 1 TITLE  
4 2 NAME  
4 3 STREET ADDRESS  
4 4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5 1 TITLE  
5 2 NAME  
5 3 STREET ADDRESS  
5 4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6 1 TITLE  
6 2 NAME  
6 3 STREET ADDRESS  
6 4 CITY - ST - ZIP

☐ Change

☐ Addition

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 110.07(3)(b), 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:

*Michael E. Pletka*  
MICHAEL E. PLETKA

Date

Daytime Phone #

6-12-95 407-877-4701

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**PROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
ST. J. N. 11/10/95

**DOCUMENT # P93000006051 (5)**

1. Corporation Name

**VIVONA'S FINE ITALIAN PIZZERIA, INC.**

Principal Place of Business

**2477 PARK AVE.  
SANFORD FL 32771**

Mailing Address

**2477 PARK AVE.  
SANFORD FL 32771**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/19/1993**

3a. Date of Last Report

**05/01/1994**

4. FEI Number

**59-3158035**

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. 199.022,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc

2a. Mailing Address

**26** Suite, Apt. #, etc

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

**VIVONA, ROSARIO NICOLA  
2477 PARK AVE.  
SANFORD FL 32771**

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, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when transferring

DATE

12. OFFICERS AND DIRECTORS

**TITLE** P  
**NAME** VIVONIA, NICK ROSARIO  
**STREET ADDRESS** 2477 PARK AVE.  
**CITY - ST - ZIP** SANFORD FL 32771

**TITLE** V  
**NAME** VIVONIA, VINCEWZA  
**STREET ADDRESS** 2477 PARK AVE.  
**CITY - ST - ZIP** SANFORD FL 32771

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**11** TITLE  
**12** NAME  
**13** STREET ADDRESS  
**14** CITY - ST - ZIP

**21** TITLE  
**22** NAME  
**23** STREET ADDRESS  
**24** CITY - ST - ZIP

**31** TITLE  
**32** NAME  
**33** STREET ADDRESS  
**34** CITY - ST - ZIP

**41** TITLE  
**42** NAME  
**43** STREET ADDRESS  
**44** CITY - ST - ZIP

**51** TITLE  
**52** NAME  
**53** STREET ADDRESS  
**54** CITY - ST - ZIP

**61** TITLE  
**62** NAME  
**63** STREET ADDRESS  
**64** CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-12-95

Date

Signature (Print Name)