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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 19 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000011980 (8)

89TH STREET PIZZA CORPORATION

Principal Place	e of Business	Mailing Address				(1881 11919 1919) (91	II 48 II 4 9 BT	
4900 MANATEE AVENUE WEST P.O. BOY 190089								
SUITE 202 BRADENTON FL 34209		**************************************	ALABILE EL COOLD		DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE		
US	r L 91 203	-US			3. Date Incorporated or Qualified	IS OF ACE		
					02/17/1993			
2. Principal P	lace of Business	2s. Mailing Address	· · · · · ·		4. FEI Number	Ac	plied For	
21		26			65-0389645	No	ot Applicable	
Suite, Apt.	#, el c.	3600 Springhill Bu	isiness I	ark	5. Certificate of Status Desired	\$8.75	Additional	
22		27 Suite 200			b. Certificate of Status Desired	Fee Re	eriupe	
City & State	e	Mobile, AL 36608			6. Election Campaign Financing	\$5.00	May Be	
23		28		_	Trust Fund Contribution	Added t		
Zip	Country	-			8. This corporation owes or has paid the		_ ~	
24	9. Name and Address of Curr	29 30	<u>) </u>		Personal Property Tax due June 30. 10. Name and Address of New Registere] No	
~ ~ ~	CORPORATION SYSTEM	ent uegistelen vöert	81	Name	10. Name and Address of New Register	o Mann		
	OURPORATION STSTEM 10 S PINE ISLAND ROAD							
	INTATION FL 33324		82	Street Ac	Address (P.O. Box Number is Not Acceptable)			
'	WINION I'L 33324		83		<u>.</u>			
			L					
			84	City	E	85 Zip (Code	
11. Pursuant i	to the provisions of Sections 607.0	502 and 607 1508 Florida Statutes	the abov	e-named co			is registered	
office or r	egistered agent, or both, in the Sta	lle of Florida. Such change was aut	norized b	y the corpo	orporation submits this statement for the purposi ration's board of directors. I hereby accept the a	appointment as	registered	
i	in amiliar with, and accept the ob-	igations of, Section 607.0505, Flora	ia Statule	5.				
SIGNATURE	Signature: lypod or printed name of registered in	agent and title if applicable (NOTE: R	egistered Ag	ent signature re	quired when reinstating) DATI	<u> </u>		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 12	
TITLE	D	☐ DELETÉ	1.1 TITLE		•	Change	☐ Addition	
NAME	EVANS, MURRY J		1.2 NAME					
STREET ADDRESS	4900 MANATEE AVENUE W	EST, SUITE 103	1.3 STAFE	ADDRESS				
CITY-ST-ZIP	BRADENTON FL 34209		1.4 C(TY-)	S1 - ZIP				
TITLE	D	☐ DELETE	2.1 TITLE	ļ		Change		
NAME	EVANS, MARILYN H	FOT OUT 400	22 NAME					
STREET ADDRESS	4900 MANATEE AVENUE W	EST, SUITE 103	2.3 STREE	ADDRESS			ļ	
CITY-ST-ZIP	BRADENTON FL 34209	T occurs	2. 4 CITY-	ST-ZIP	0		1	
TITLE		☐ DELETE	3.1 TITLE	(120 resident	L Change	Addition	
NAME			3.2 NAME		Vire President Somes W Hortman, IIII EUROD Springhal Business Middle, 18 36408	los Si	1.A. 200	
STREET ADDRESS				ADDRESS 2	200 Stilling 200 200	IN.		
CITY-ST-ZIP	····	DELETE	3.4. CITY-	ST-ZIP	rught, ig xavus	Change	Addition	
TITLE		L. DECETE	4.1 TITLE			[_] Change	☐ WOUNDIN	
NAME STREET ADDRESS			4. 2 NAME					
				ADDRESS				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - 1 5.1 TITLE	51-ZIF		Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			1	ADDRESS				
CITY-ST-ZIP			5.4 CITY-1					
TITLE		DELETE	6.1 TITLE	21 - 411		Change	Addition	
NAME		*****	6.2 NAME					
STREET ADDRESS				ADDRESS				
D			0.0 0				,	

6.4 City-St-ZiP

14. I hereby certify that the information supplied with this tiling 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 chapted, or on an attack that my name address.

James W. Hartman, III

U-27-00