PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000049688

MIAM) PI	IZZA, INC.						
Principal Ptace	e of Business	Mailing Address			T TOO NAME OF THE PARTY OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER.	81815 IG15 Str 1)
5611 N.W. 29TH		37 EAST HUDSON ST.					ì
MARGATE FL 33063 COLUMBUS OH 43202					DO NOT WRITE IN THI	C DDACE	,
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•		•			3. Date Incorporated or Qualifed		ι ,
					07/09/1993		lied Fo:
	lace of Business	2a. Mailing Address			4. FEI Number		Applicable
21		26			65-0425517	\$8.75 A	
Suite, Apt.	#, etc.	Sulte, Apt. #, etc.			5. Certificate of Status Desired	Fee Rec	
City & State	te	City & State	· · · ·	•	6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	у	8. This corporation owes the current year le		」,
24	25	29	30		Personal Property Tax.		□No I
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New Registered	1 Agent	
000	CHMAN, JEFF		81	Name			
	N.W. 29TH STREET		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
MAR	IGATE FL 33063	a service de	83	 			
			84	City	i sa	fi5 Zip C	ode
j			L	<u></u>		<u> </u>	
office or n	to the provisions of Sections 607.0	ate of Florida, Such change was a	ies, the abov authorized by	re-named corporation	oration submits this statement for the purpose the appears of directors. I hereby accept the appears	pintment as reg	istered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOT		/e-named corporations.	oration submits this statement for the purpose on's board of directors. I hereby accept the appearance of directors and the second of directors and the second of directors. I hereby accept the appearance of directors and directors are second or directors. ADDITIONS/CHANGES TO OFFICERS A		1 1
SIGNATURE	Signature, typed or printed name of registered		l : Registered Age		J when reinstating) DATE		1 1
SIGNATURE 12. TITLE	Signature, typed or printed name of registered OFFICERS	agent and title if applicable. (NOTI	1: Registered Age	int signature require	J when reinstating) DATE	ND DIRECTOR	1 1
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered OFFICERS DVP ROSCHMAN, JEFFREY S	agent and title if applicable. (NOTI	13. 1.1 TILE 1.2 NAME	int signature require	J when reinstating) DATE	ND DIRECTOR	1 1
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14. I 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 suppliemental 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 Black 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

447-9100

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90103 032 ***150.00