

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000055985 (4)**

1. Corporation Name  
**F & F PIZZA, INC.**

Principal Place of Business      Mailing Address  
**1129 RIDGE RD-  
PORT RICHEY FL 34688  
09-**      **8243 ROSE PETAL COURT  
PORT RICHEY FL 34688**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**08/09/1993**      **03/17/1994**

4. FEI Number      Applied For  
**59-3199135**       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

2. Principal Place of Business      2a. Mailing Address  
21 **8123 - 3 RIDGE RD**      26 **7122 BOX ELDER**

Suite, Apt #, etc      Suite, Apt #, etc

22 City & State      27 City & State  
**PORT RICHEY, FL**      **PORT RICHEY, FL**

24 Zip      25 Country      29 Zip      30 Country  
**34668**      **FL**      **34668**      **FL**

9. Name and Address of Current Registered Agent

**MACK, FREDERICK C  
8243 ROSE PETAL COURT  
PORT RICHEY FL 34688**

10. Name and Address of New Registered Agent

81 Name **FELIX VUARO**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**7122 BOX ELDER**  
83  
84 City **PORT RICHEY**      FL      85 Zip Code **34668**

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 **X Felix Vuaro**

(Signature typed or printed name of registered agent and the corporation)

(NOTE: Registered Agent signature required when re-stated)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>MACK, FREDERICK C</b>
STREET ADDRESS	<b>8243 ROSE PETAL COURT</b>
CITY ST ZIP	<b>PORT RICHEY FL 34688</b>
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

1. TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>FELIX VUARO</b>	
1.3 STREET ADDRESS	<b>7122 BOX ELDER</b>	
1.4 CITY ST ZIP	<b>PORT RICHEY FL 34668</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY ST ZIP		

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(1)(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 as an attachment with an address.

SIGNATURE: **X Felix Vuaro**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR