

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Senora B. McSham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

DOCUMENT # **P93000061776 (9)** 95 APR 27 AM 8 18

1. Corporation Name
PIZZA HOUSE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**2904 N ANDREWS AVE
WILTON MANORS FL 33311** **2904 N ANDREWS AVE
WILTON MANORS FL 33311**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/30/1993		3a. Date of Last Report 03/29/1994	
4. FEI Number 65-0441610		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangibles tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business				2a. Mailing Address			
21. Suite, Apt. #, etc.				26. Suite, Apt. #, etc.			
22. City & State				27. City & State			
24. Zip		25. Country		29. Zip		30. Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LINK, CHRISTOPHER N 6950 CYPRESS RD STE 101 PLANTATION FL 33317				81. Name MICHAEL D. GOCH			
				82. Street Address (P.O. Box Number is Not Acceptable) 1501 NE 39 ST			
				83. City			
				84. City OAKLAND PK FL 85. Zip Code 33334			

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 *M.D. Goch, Michael D. Goch - President* DATE *1-17-95*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOCH, MICHAEL D	1.2 NAME	
STREET ADDRESS	2904 N ANDREWS AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	WILTON MANORS FL 33311	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOCH, STEPHEN E	2.2 NAME	
STREET ADDRESS	2904 N ANDREWS AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	WILTON MANORS FL 33311	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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(3)(k), 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: *M.D. Goch* DATE: *1-17-95* (305) 779-2000