

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

93 MAY -1 PM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000074478 (7)**

1. Corporation Name

**FLIPPER'S PIZZA, INC. #4**

DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**3153 VINE STREET                      3153 VINE STREET**  
**KISSIMMEE FL 32741                      KISSIMMEE FL 32741**

3. Date Incorporated or Qualified      3A. Date of Last Report  
**10/21/1993                                      05/01/1994**

2. Principal Place of Business      2A. Mailing Address  
**21    26**

4. FEI Number      Applied For  
**59-3208798                                      Not Applicable**

22. Suite, Apt. #, etc.      27. Suite, Apt. #, etc.

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

23. City & State      28. City & State

6. Election Campaign Financing       **\$5.00 May Be Added to Fees**  
Trust Fund Contribution

24. Zip      25. Country      29. Zip      30. Country

8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent  
**DENNIS, TODD  
979 SANDLAKE ROAD  
ORLANDO FL 32819**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City      FL B5 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: *Todd Dennis*      DATE: **4/15/95**  
Signature (Typed or printed name of registered agent and date if applicable)      NOTE: Registered Agent signature required when registering      DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>P</b>
NAME	<b>TODD DENNIS,</b>
STREET ADDRESS	<b>923 SANDLAKE</b>
CITY - ST - ZIP	<b>ORLANDO FL 32809</b>
TITLE	<b>VP</b>
NAME	<b>SCOTT KOUSARE,</b>
STREET ADDRESS	<b>923 SANDLAKE</b>
CITY - ST - ZIP	<b>ORLANDO FL 32809</b>
TITLE	<b>ST</b>
NAME	<b>BRETT DENNIS,</b>
STREET ADDRESS	<b>923 SANDLAKE</b>
CITY - ST - ZIP	<b>ORLANDO FL 32809</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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(h)(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 in an attachment with an address.

SIGNATURE: *Todd Dennis*      DATE: **4/15/95**      **857-6935**  
Signature and Typed or Printed Name of Signing Officer or Director      Date      District Phone #