FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

10739 N.W. 51ST ST.

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CORAL SPGS, FL 33076



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000076529 (5)

RELENTLESS PIZZA CORP. Principal Place of Business Mailing Address 10187 WEST SUNRISE BLVD. 10187 WEST SUNRISE BLVD PLANTATION FL 33322 PLANTATION FL 33322 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/04/1993 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0447481 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation owes or has paid the current year Intangible Zip Country □ No **P**Yes 29 30 Personal Property Tax due June 30. 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name LEVY, SANDY

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 em familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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City

Street Address (P.O. Box Number is Not Acceptable)

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TITLE Change TITLE LEVY, SANDY 12 NAME 10739 N.W. 51ST ST 1.3 STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL 33076** 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAMI 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP Addition ☐ Change DELETE 4.1 THILE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change __ Addition 61 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - ZIP CITY - ST - ZIP 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 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 trustified empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter or or pan statement with a safeties.

Block 12 or Block 13 if changed, or on an atta

SIGNATURE:

Zip Code

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FILED

Mar 23 1998 8:00am

Secretary of State