SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -1 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000004627 (3)**

1. Corporation Name
PIZZA BURGER, INC.

Principal Place of Business	Mailing Address
175 TONEY PENNA DR. SUITE 207 JUPITER FL 33458	175 TONEY PENNA DR. SUITE 207 JUPITER FL 33458

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/19/1994
3a. Date of Last Report:
4. FEI Number: 65-0470504 ☐ Applied For ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

AMADEUS PLAZA MANAGEMENT, INC.
175 TONEY PENNA DRIVE
JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☐ Change ☐ Addition
NAME	FURFARO, MICHAEL	12 NAME	Nevsimal, GUSTAV
STREET ADDRESS	155 TONEY PENNA DR. #5	13 STREET ADDRESS	175 Toney Penna Dr. #207
CITY-ST-ZIP	JUPITER FL 33458	14 CITY-ST-ZIP	Jupiter, FL. 33458
TITLE	D	21 TITLE	D ☐ Change ☑ Addition
NAME	NEVSIMAL, GUSTAV	22 NAME	Nevsimal, Inge
STREET ADDRESS	175 TONEY PENNA DR. #207	23 STREET ADDRESS	175 Toney Penna Dr. #207
CITY-ST-ZIP	JUPITER FL 33458	24 CITY-ST-ZIP	Jupiter, FL. 33458
TITLE		31 TITLE	D ☐ Change ☑ Addition
NAME		32 NAME	Nevsimal, Nadya
STREET ADDRESS		33 STREET ADDRESS	175 Toney Penna Dr. #207
CITY-ST-ZIP		34 CITY-ST-ZIP	Jupiter, FL. 33458
TITLE		41 TITLE	D ☐ Change ☑ Addition
NAME		42 NAME	Siegl, Petra
STREET ADDRESS		43 STREET ADDRESS	175 Toney Penna Dr. #207
CITY-ST-ZIP		44 CITY-ST-ZIP	Jupiter, FL. 33458
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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 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 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: Gustav Nevsimal 7/21/95 407-743-9424
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
GUSTAV Nevsimal

0000107 CP