FILE NOW: FILING FEE AFTER MAY 1 IS $275.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000031572 (8)

1. Corporation Name
PIZZA PARADISE, INC.

Principal Place of Business:
6508 PINES BLVD.
PEMBROKE PINES FL 33026

Mailing Address:
6508 PINES BLVD.
PEMBROKE PINES FL 33026

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/26/1994
3a. Date of Last Report:

4. FEI Number: 65-0486529 ☐ 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 Office | 2a. Mailing Address
21 | 26
Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27
City & State 23 | City & State 28
Zip 24: 33024 | Country 25 | Zip 29: 33024 | Country 30

9. Name and Address of Current Registered Agent

BATCHIE, AL L.
6508 PINES BLVD.
PEMBROKE PINES FL 33026

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:

12. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	BATCHIE, AL L
STREET ADDRESS	6508 PINES BLVD.
CITY-ST-ZIP	PEMBROKE PINES FL 33026
TITLE	DV
NAME	LUCARELLI, CRAIG R
STREET ADDRESS	6508 PINES BLVD.
CITY-ST-ZIP	PEMBROKE PINES FL 33026
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

1–6: TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition (blank)

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(1)(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: ✓ [signature] Albert Batchie ✓ 5/1/95 ✓ 305-961-7297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0096106 CP