FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000039253 (7)**

1. Corporation Name

TOWER OF PIZZA, INC.

Principal Place of Business	Mailing Address
81645 OVERSEAS HWY ISLAMORADA FL 33036 US	~~ISLAMORADA~~ P.O. BOX 883 ~~KEY LARGO~~ FL 33036 US

3. Date Incorporated or Qualified: **05/25/1994**

3a. Date of Last Report: **04/26/1995**

4. FEI Number: **65-0492816** ☐ 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 PO BOX 883
Suite, Apt. #, etc.
27
City & State
28 ISLAMORADA FL
Zip 29 33036 Country 30 USA

9. Name and Address of Current Registered Agent

MILLER, ROBERT K
2975 OVERSEAS HWY
MARATHON FL 33050

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 Section(s) 607.0502 and 617.1508, 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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRES	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ORPHANACOS, NICHOLAS		1.2 NAME	
STREET ADDRESS	81645 OVERSEAS HWY		1.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL		1.4 CITY, ST, ZIP	
TITLE	SECT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SKROPOLIS, STEVE		2.2 NAME	
STREET ADDRESS	81645 OVERSEAS HIGHWY		2.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL		2.4 CITY, ST, ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY, ST, ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY, ST, ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY, ST, ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ 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 valid, currently 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: Nicholas Orphanacos Nicholas ORPHANACOS April 1996 305/6648216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)