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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000046495 (5)

PIZZA MAN OF PALM BEACH GARDENS, INC

Principal Pi	ace of	Business
--------------	--------	----------

FILED May 01 1997 8:00am Secretary of State

Principal Place of Business Mailing Address			3 INDIIDAR IID HOIN BURL ODIK ODIK ODIK ODIK ODIK ODIK DUKE DIKE DIRE ODIK ODIK HON		
1798 KEENLAND CIRCLE WEST PALM BEACH FL 33415 WEST PALM BEACH FL 33415-5663					
				3, Date Incorporated or Qualified 06/15/1994	3a. Date of Last Report 05/01/1996
2, Principal Place of Business	2a. Mailing Address 26			4. FEI Number 65-0502215	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25	Zip 29	Count	ry	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, ☑ Yes ☐ No
g. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Reg	gistered Agent
KHAN, RAJA A 1798 KEENLAND CIRCLE WEST PALM BEACH FL 33415			1 Name		
		8			
		8			
		8	4 City		FL 85 Zip Code
 Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligi 	of Florida. Such change was	authorized I	by the corporati	oration submits this statement for the p on's board of directors. I hereby accep	urpose of changing its registered at the appointment as registered
SIGNATURE					

12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE Change 1.1 1000 KHAN, RAJA A NAME 1.2 NAME 1798 KEENLAND CIRCLE STREET ADDRESS 1.3 STREET ADDRESS **WEST PALM BEACH FL 33415** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CHTY-ST-ZIP DELETE Change Addition 31 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZiP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREFT ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 THLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY - ST - ZIP DELETE ☐ Change TITLE 6.1 TITLE 700002167057 -05/06/97--01044--008 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS ***165.00 CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. I do 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 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 pagged, or on an attachment with an address.

11/2/1/27