

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

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90157 050 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000049085**

1. Corporation Name  
**PAISANO'S PIZZA-N-PASTA #1, INC.**



Principal Place of Business 6266 S. CONGRESS AVE. L-14 LANTANA FL 33463 US	Mailing Address 6266 S. CONGRESS L-14 LANTANA FL 33463 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>06/27/1994</b>	4. FEI Number <b>65-0409191</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**HORVATH, WILLIAM J. JR.**  
**6346 LANTANA RD.**  
**#74**  
**LAKE WORTH FL 33463**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 William J. Horvath Jr. DATE 4-26-99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HORVATH, WILLIAM J JR.	
STREET ADDRESS	6346 LANTANA ROAD, #74	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HORVATH, N. CAROLYN	
STREET ADDRESS	6346 LANTANA ROAD, #74	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HORVATH, WILLIAM J SR.	
STREET ADDRESS	6346 LANTANA ROAD, #74	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TRYLCH, TODD M	
STREET ADDRESS	6346 LANTANA ROAD, #74	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>T.D. ROBERT J. HORVATH</b>
4.3 STREET ADDRESS	<b>8302 MYAKKA CT</b>
4.4 CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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, with or without the like empowered.

SIGNATURE: William J. Horvath Jr. DATE: 4-26-99 DAYTIME PHONE #: 1-561-9697911  
Signature and typed or printed name of signing officer or director

CRZE034 (11/98)