## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000049740 (1) Corporation Name C.J.'S PIZZA, INC.



98 DEC -8 PM 3:37

SECRETARY OF STATE TALLAHASSEE, FLORIDA



West Control of the C				-	\$4
Principal Place of Business Mailing Address					_
9217 W SAMPLE RD CORAL SPRINGS FL CORAL SPRINGS FL			REINSTATEMENT P		
				3. Date Incorporated or Qualified 07/05/1994	3a. Date of Last Report 01/25/1996
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21   26     Suite, Apt. #, etc.   Suite, Apt. #, etc.				65-0503652	Not Applicable
22 27		<u>.</u>		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip Salos 25 Kreward	Zip 29 33065			8. This corporation owes or has paid	
24 33065 25 Kawab 9. Name and Address of Current		30	NOT PROPERTY	Personal Property Tax due June 3 10. Name and Address of New Reg	
TORNABENE, ROSS 81 Name				10, Name and Address of Real Hag	
0217 W SAMPIE DD					
CORAL SPRINGS FL			82 Street Address (P.O. Box Number is Not Acceptable)		
		7	83		
	1	[	84 City	<del></del>	FI 85 Zip Code
11. Pursuant to the prefixing of Sections 607.0502 and 607.1508, Florida Statutes, the above-damed 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 any accept the appointment as registered agent. I am familiar with any accept the appointment as registered agent. I am familiar with any accept the appointment as registered agent. I am familiar with any accept the appointment as registered agent. I am familiar with any accept the appointment as registered agent. I am familiar with any accept the appointment as registered agent. I am familiar with any accept the appointment as registered agent. I am familiar with any accept the appointment as registered agent. I am familiar with a state of the appointment as registered agent. I am familiar with a state of the appointment as registered agent. I am familiar with a state of the appointment as registered agent. I am familiar with a state of the appointment as registered agent. I am familiar with a state of the appointment as registered agent. I am familiar with a state of the appointment as registered agent. I am familiar with a state of the appointment as registered agent.					
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Signaturit. Is/Lib or printed martic or registered response		E. Registered	Aftent Assaltine required	when reinstating)	DATE
12. OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	
TODNADENE DOCC	DELETE	1.1 TITLE			Change Addition
DOLT W CAMPLE DD		1.2 NAME			
CODAL SODINGS EL 33	1.3 STREET ADDRESS 1.4 CITY - ST - ZIP				
TITLE	DELETE .	2.1 TITE			Change Addition
NAME	Lan Occasion .	2.2 NAM		9000027	15999
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LITY-ST-ZIP		4.4 Cm	r-ST-ZIP		
TITLE	DELETE	5.1 TITLE			Change Addition
NAME	1	5.2 NAM	4E		
STREET ADDRESS		5.3 STR	EET ADDRESS		
CITY-ST-ZIP		5.4 CITY	r-ST-ZIP		
TINE	☐ DELETE	6.1 TITL	E		Cherter Addition
NAME		6.2 NAM	1E	_	JID W. OLD
STREET ADDRESS		6.3 STR	EET ADDRESS	_	70:00
CITY-ST-ZIP		6.4 CITY	'-ST-ZiP		(0
14. I do hereby certify that the information supplied	with this filing coes not quali	fy for the e	xemption stated in	Section 119.07(3)(i), forida 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 33 if changed, or on an appropriate trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 33 if changed, or on an appropriate trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE.

HEQUIRED

105 1/23/98