

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 AM 10:56

DOCUMENT # **P94000049808 (6)**

1. Corporation Name

STARKE PIZZA, INC.

Principal Place of Business

**2503 HIGHWAY 60 EAST
VALRICO FL 33594**

Mailing Address

**2503 HIGHWAY 60 EAST
VALRICO FL 33594**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1994

3a. Date of Last Report

4. FEI Number

39-3258510

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

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NYMARK, DENNIS V
102 S. PEBBLE BEACH BLVD.
SUITE B-103
SUN CITY CENTER FL 33573**

81 Name

Dennis Nymark

82 Street Address (P.O. Box Number is Not Acceptable)

110 S. Pebble Beach Blvd

83

84 City

Sun City Center FL

85 Zip Code

33573

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

Signature (Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD
NAME	KAZBOUR, TALAL A
STREET ADDRESS	2503 HIGHWAY 60 EAST
CITY- ST- ZIP	VALRICO FL 33594
TITLE	V
NAME	SMITH, RANDALL
STREET ADDRESS	2503 HIGHWAY 60 EAST
CITY- ST- ZIP	VALRICO FL 33594
TITLE	S
NAME	LOIANNO, GUILLERMO
STREET ADDRESS	2503 HIGHWAY 60 EAST
CITY- ST- ZIP	VALRICO FL 33594
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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(3)(b), 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, as required, or on an attachment with an address.

SIGNATURE:

Talal Kazbour
TALAL KAZBOUR

PROS

3-17-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Original Filing Fee