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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000051519 (4)

BRUNO'S PIZZA PIE, INC.

FILED
May 08 1998 8:00am
Secretary of State



2301 E FLETCHER AVENUE SUITE 103 TAMPA FL 33612 US  2. Principal Place of Business		SUITE 103 Tampa FL 33612 US	2301 E FLETCHER AVENUE SUITE 103 TAMPA FL 33612 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  07/08/1994			
<del></del>	ace of Business	<u></u> -	26. Mailing Address			4, FEI Number Applied For			<del>:</del>
Suite, Apt.	# etc	26 Suite Ant # etc	Suite, Apt. #, etc.			<b>59-3255494</b> Not Applicable <b>\$8.75</b> Additional			
22	, <b>G</b> (0)	27	J ¬			Certificate of Status Desired	L) '		equired
City & State		City & State				Election Campaign Financing frust Fund Contribution			May Be to Fees
Zip 24	Country 25	7ip <b>29</b>	30 Cour	try	F	This corporation owes or has p Personal Property Tax due Jur	ne 30. 🔲 🗅	Yes [	itangible No
	<del></del>	of Current Registered Agent		31 Na		Name and Address of New F	legistered Age	int	
	BER, GEOFFREY			31 Na	ne				
221	[	82 Street Address (P.O. Box Number is Not Acceptable)							
	te 103 :Arwater FL 34616		1	33					
- OLL	***************************************		 	34 Cit	,	<u>.</u>		35 Zip	Code
							┡┖╵	1	
office or re agent I ar	o the provisions of Sections egistered agent, or both, in m familiar with, and accept	s 607.0502 and 607 1508, Florida <b>St</b> the State of Florida. Such change w The obligations of, Section 607.0505	vas authorized 5, Florida Statu	by the tes.	corporation's bo	submits this statement for the bard of directors. I hereby acc	ept the appoin	anging i Iment as	registered
SIGNATURE	Signature, typed or printed came of o		(NOTE: Registered	Agent sig	ature required when re		DATE		
12.	OFFICERS AND DIRECTORS		13.			DDITIONS/CHANGES TO OFF			
TITLE	DPST DELE			1.1 TITLE				Change	Addition
NAME	****			1.2 NAME					
STREET ADDRESS		VYENUE	1.3 STREET ADORESS 1.4 CITY-S1-ZIP		SS				
CITY-ST-ZIP	TAMPA FL	DELETE			- L - Z	<u> </u>		Change	X Addition
NAME		occur	2.7 1110 2.2 NAM		Directo	,	_	Ollungo	T COMO
STREET ADDRESS				.~ Eet ador	SS 221 TO	1			
CITY-ST-ZIP				Y - ST - ZIF	CLEDI	11 Z 21 33.	156		
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NAME			3.2 NA	3.2 NAME					
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NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STF	EET ADDR	SS				
CITY-ST-ZIP		[7]	4.4 CIT	' - ST - ZIP				Db	<b>4 220.</b>
TITLE	OELETE			5.1 TITLE			L	Change	Addition
NAME			5.2 NA						
STREET ADDRESS				EET ADDR	SS				
CITY-ST-ZIP		Dr. FTF		r ST-ZIP		· · · · · · · · · · · · · · · · · · ·	<del></del>	Change	Addition
TITLE		∐ DELETE	1				L	, unange	L. AUGIDION
NAME			6.2 NA/		oc l				
STREET ADDRESS	181		1	EET ADDR	»				
CITY-ST-ZIP	erlify that the information s	upplied with this filing does not qual		rotion	tated in Section	119 07(3)(i) Florida Statutes	Lfurther certifi	v that the	e information
indicated	on this annual report or sur	opplemental annual report is true and or the receiver or trustee empowered on an attachment with the address.	<b>★</b> ccurate and	that m	signature shall	have the same legal effect as	if made under	oath; th	nat I am an