

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000056522 (3)
 1. Corporation Name

SAN'S PIZZERIA, INC.



Principal Place of Business: 36137 EAST LAKE ROAD UNIT 309 PALM HARBOR FL 34685
 Mailing Address: 36137 EAST LAKE ROAD UNIT 309 PALM HARBOR FL 34685

3. Date Incorporated or Qualified: 06/27/1994
 3a. Date of Last Report: 05/01/1995
 4. FEI Number: 59-3269182
 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. Suite, Apt #, etc.
 22. City & State
 23. Zip
 24. Country
 25. Mailing Address
 26. Suite, Apt #, etc.
 27. City & State
 28. Zip
 29. Country
 30.

9. Name and Address of Current Registered Agent
 JOSEPH, SKALSKI C
 13770 58TH ST. N. STE 303
 UNIT 309
 CLEARWATER FL 34620

10. Name and Address of New Registered Agent
 81. Name: SANFORD Felder
 82. Street Address (P.O. Box Number is Not Acceptable): 4340 Ridgemoor Drive North
 83.
 84. City: PALM HARBOR FL 85. 34685

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: *Sanford Felder* SANFORD Felder 7-26-96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | FELDER, SANFORD | |
| STREET ADDRESS | 4340 RIDGEMOOR DR. NORTH | |
| CITY-ST-ZIP | PALM HARBOR FL 34685 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | FELDER, JACQUELINE | |
| STREET ADDRESS | 4340 RIDGEMOOR DR. NORTH | |
| CITY-ST-ZIP | PALM HARBOR FL 34685 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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

| | |
|--------------------|---|
| 11. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME | |
| 13. STREET ADDRESS | |
| 14. CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 21. TITLE | |
| 22. NAME | |
| 23. STREET ADDRESS | |
| 24. CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 31. TITLE | |
| 32. NAME | |
| 33. STREET ADDRESS | |
| 34. CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 41. TITLE | |
| 42. NAME | |
| 43. STREET ADDRESS | |
| 44. CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 51. TITLE | |
| 52. NAME | |
| 53. STREET ADDRESS | |
| 54. CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 61. TITLE | |
| 62. NAME | |
| 63. STREET ADDRESS | |
| 64. 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sanford Felder* SANFORD Felder 7/26/96 813-781-9253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)