

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

FILED
Jun 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **994000056522**
 1. Corporation Name
SAN'S PIZZERIA, INC.

Principal Place of Business: **36137 EAST LAKE ROAD Palm Harbor, FL 34685**
 Mailing Address: **36137 EAST LAKE ROAD Palm Harbor, FL 34685**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06-27-1994

4. FEI Number
59-3269182

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip

30. Country

9. Name and Address of Current Registered Agent

**Sanford Felder
 4340 Ridgemoor Drive North
 Palm Harbor, FL 34685**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

85. Zip Code

FL

11. Pursuant to the provisions of Sections 607 (042) and 607 (508), 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 (005), Florida Statutes.

SIGNATURE _____ (Print Name of Registered Agent or alternate registered agent when conferring) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

21. TITLE Change Addition

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

31. TITLE Change Addition

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

41. TITLE Change Addition

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

51. TITLE Change Addition

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

61. TITLE Change Addition

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

1043

600002549346
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*****150.00**

14. I hereby certify that the information supplied with this filing 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 supplement is correct 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; and that I am authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13.

SIGNATURE: **Jacqueline Felder** **Jacqueline Felder** **5/21/98** **813-781-9253**

CR2E034 (10/97)