

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED

05 MAY - 1 PM 1995

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-05/24/95--011085--027  
\*\*\*\*200.00 \*\*\*\*200.00  
DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000065467

1. Corporation Name  
Joey's Supreme Pizza + Subs II, Inc.

Principal Place of Business      Mailing Address  
107 SW Park St.      107 SW Park St  
Okeechobee, FL 34972      Okeechobee, FL 34972

3. Date Incorporated or Qualified      3a. State of Last Prey  
9/7/94

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 107 SW Park St.	26 107 SW Park St.	65-0532877	Not Applicable
22 State Apt # etc	27 State Apt # etc	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Okeechobee FL	28 Okeechobee FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 34972	25 Okeechobee	29 34972	30 Okeechobee

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name: Joseph Del Prete
	82 Street Address (P.O. Box Number is Not Acceptable): 5783 SE Wilsie Dr.
	83
	84 Stuart, FL 85 Zip Code 34997

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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. Thereby accept the appointment as registered agent. I am hereby appointed and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature of Registered Agent or other registered agent) \_\_\_\_\_ (Signature of Registered Agent or other registered agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: President	NAME: Joseph Del Prete	TITLE: President	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS: 5783 SE Wilsie Dr.	CITY, STATE, ZIP: Stuart, FL 34997	STREET ADDRESS: 5783 SE Wilsie Dr.	
TITLE: Secretary	NAME: Victoria Vignone	TITLE: Secretary	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS: 3046 30th Ave	CITY, STATE, ZIP: Okeechobee, FL 34974	STREET ADDRESS: 3046 30th Ave	
TITLE:	NAME:	TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE:	NAME:	TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE:	NAME:	TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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TITLE:	NAME:	TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE:	NAME:	TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>

REMITTED BY MAY 1

14. I hereby certify that the information reported on this filing is correctly furnished and shows in full for the corporation, stated as of the date of this filing, Florida Statutes. I further certify that the information reported on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. This is an affidavit on behalf of the corporation or the member or members responsible to execute the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report as an attachment with an address.

SIGNATURE: Joseph Del Prete  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/95      83-763-1083