

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000065467 (0)**

1. Corporation Name

JOEY'S SUPREME PIZZA & SUBS II, INC.



Principal Place of Business

107 SW PARK ST
OKEECHOBEE FL 34972

Mailing Address

107 SW PARK ST
OKEECHOBEE FL 34972

3. Date Incorporated or Qualified

09/01/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0532877

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

2a. Mailing Address

21

26

State, Apt. #, etc.

State, 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

DEL PRETE, JOSEPH
5783 SW WILSIE DRIVE
PORT ST. LUCIE FL 34997

10. Name and Address of New Registered Agent

81 Name
Victoria Vignone
82 Street Address (P.O. Box Number is Not Acceptable)
3646 36th St.
83
84 City
Okeechobee, FL
85 Zip Code
34974

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

Victoria Vignone

Title: Registered Agent (please specify if registered agent)

2/1/96

12. OFFICERS AND DIRECTORS

1. TITLE	D	<input checked="" type="checkbox"/> DELETED
2. NAME	DEL PRETE, JOSEPH	
3. STREET ADDRESS	5783 SW WILSIE DRIVE	
4. CITY, ST, ZIP	STUART FL 34997	
5. TITLE	S	<input type="checkbox"/> DELETED
6. NAME	VIGNONE, VICTORIA	
7. STREET ADDRESS	3646 36TH AVE.	
8. CITY, ST, ZIP	OKEECHOBEE FL 34974	
9. TITLE		<input type="checkbox"/> DELETED
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> DELETED
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		<input type="checkbox"/> DELETED
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied in 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. 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 if changed or on an additional filing with an address.

SIGNATURE:

Victoria Vignone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96 813-763-8383

CR2E034 (12/95)