

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90207 003 ***150.00



| PROFIT CORPORATION ANNUAL REPORT 1999 | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
|---|----------------------------|---|---------------------|
| DOCUMENT # P94000068308 | | | |
| 1. Corporation Name OVENS MANAGEMENT, INC. | | | |
| Principal Place of Business 2101 GREENTREE ROAD, A-113 PITTSBURGH PA 15220 | | Mailing Address 2101 GREENTREE ROAD, A-113 PITTSBURGH PA 15220 | |
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. |
| 22 | City & State | 27 | City & State |
| 23 | Zip | 28 | Country |
| 24 | Country | 29 | Zip |
| 9. Name and Address of Current Registered Agent GEIS, TOM 273 BELLAIR DR. N.E. ST. PETERSBURG FL 33704 | | 10. Name and Address of New Registered Agent | |
| 81 Name | | R.M. Thompson, Jr. | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | | The Italian Oven | |
| 83 | | 10500 Ulmerton Road, #870 | |
| 84 City | | Largo, FL | |
| 85 Zip Code | | 33771 | |
| 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 | | Pres R.M. Thompson, Jr. Pres | |
| Signature, typed or printed name of registered agent and title if applicable | | (NOTE: Registered Agent signature required when reinstating) | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | DVP | 1.1 TITLE | |
| NAME | PERR, JOEL S | 1.2 NAME | |
| STREET ADDRESS | 2101 GREENTREE ROAD, A-113 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PITTSBURGH PA 15220 | 1.4 CITY-ST-ZIP | |
| TITLE | DVP | 2.1 TITLE | |
| NAME | DIFRANGO, GERALD W | 2.2 NAME | |
| STREET ADDRESS | 2101 GREENTREE ROAD, A-113 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PITTSBURGH PA 15220 | 2.4 CITY-ST-ZIP | |
| TITLE | PD | 3.1 TITLE | |
| NAME | THOMPSON, ROBERT M | 3.2 NAME | |
| STREET ADDRESS | 2101 GREENTREE ROAD, A-113 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PITTSBURGH PA 15220 | 3.4 CITY-ST-ZIP | |
| TITLE | STD | 4.1 TITLE | |
| NAME | GREBOWSKI, FRANK L | 4.2 NAME | |
| STREET ADDRESS | 2101 GREENTREE ROAD, A-113 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PITTSBURGH PA 15220 | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/29/99

Date

Daytime Phone #

(412) 276-1666

CR2E034 (1/1/98)