CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAR 22 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000068564 (1)

1. Corporation Name
CLOSET COMPANY OF THE TREASURE COAST, INC.

Principal Place of Business	Mailing Address
938 13TH LANE VERO BEACH FL 32960	938 13TH LANE VERO BEACH FL 32960

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/19/1994
3a. Date of Last Report:

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt #, etc 22 / 27
City & State 23 / 28
Zip 24 / Country 25 / Zip 29 / Country 30

4. FEI Number: 65-0524916 ☐ 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THOFNER, ADAM A
938 13TH LANE
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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
Signature, typed or printed name of registered agent and date of signature (required) (New Registered Agent signature required when applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	THOFNER, ADAM A	12 NAME	
STREET ADDRESS	2917 SOUTH INDIAN RIVER DR	13 STREET ADDRESS	
CITY-ST ZIP	FORT PIERCE FL 34982	14 CITY ST ZIP	
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	DION, ROBERT N	22 NAME	
STREET ADDRESS	5100 NORTH A-1-A	23 STREET ADDRESS	
CITY ST ZIP	VERO BEACH FL 32963	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

3/24

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)(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.

SIGNATURE: Adam P. Thofner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-95 Date
(407) 569-6699 Daytime Telephone Number

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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DOCUMENT # **P94000068720 (9)**

1. Corporation Name

~~PIZAZZ~~ **ITALIAN RESTAURANT, INC.**
Pizzaz

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200001436052
-03/22/95--01034--006
****208.75 ****208.75
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~6501 BRANDYWINE DR. SOUTH~~ ~~MARGATE FL 33073~~ 11689 NW 12 STREET CORAL SPRINGS FLA 33071	~~6501 BRANDYWINE DR. SOUTH~~ ~~MARGATE FL 33073~~ ← SAME

3. Date Incorporated or Qualified: 09/19/1994
3a. Date of Last Report:

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc (22):
Suite, Apt. #, etc (27):
City & State (23):
City & State (28):
Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: ☑ 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

9. Name and Address of Current Registered Agent

AMICO, SALVATORE
6501 ~~BRANDYWINE~~ DR. SOUTH
~~MARGATE~~ FL 33073
11689 NW. 12 STREET
CORAL SPRINGS FLA 33071

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

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 _____
Signature, typed or printed name of registered agent (and title if applicable) (Date) (If Registered Agent is an entity, required authorized signature)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	11 TITLE	PRES ☑ Change ☐ Addition
NAME	AMICO, SALVATORE	12 NAME	SALVATORE AMICO
STREET ADDRESS	6501 BRANDYWINE DR. SOUTH	13 STREET ADDRESS	11689 NW. 12 STREET
CITY-ST-ZIP	MARGATE FL 33073	14 CITY ST ZIP	CORAL SPRINGS FLA 33071
TITLE	SECRETARY	21 TITLE	SECRETARY ☐ Change ☑ Addition
NAME	JOHN P. GALLINA	22 NAME	JOHN P. GALLINA
STREET ADDRESS	6246 NW. 82 DRIVE	23 STREET ADDRESS	6246 N.W. 82 DRIVE
CITY ST ZIP	PARKLAND FLA 33067	24 CITY ST ZIP	PARKLAND FLA 33067
TITLE	VICE PRES	31 TITLE	VICE PRES. ☑ Change ☑ Addition
NAME	GENNARO COPPOLA	32 NAME	GENNARO COPPOLA
STREET ADDRESS	11602 NW. 13 MANOR	33 STREET ADDRESS	11602 N.W. 13 MANOR
CITY-ST-ZIP	CORAL SPRINGS FLA 33071	34 CITY ST ZIP	CORAL SPRINGS FLA 33071
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	3-20-95
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(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.

SIGNATURE: _____ 3/17/95 (305) 722-4544
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL
SALVATORE AMICO