

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

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000068720 (9)

1. Corporation Name
PIZZAZ ITALIAN RESTAURANT, INC.



Principal Place of Business

7229 WEST OAKLAND PARK BLVD
LAUDERHILL FL 33313
US

Mailing Address

7229 WEST OAKLAND PARK BLVD
LAUDERHILL FL 33313-1004
US

3. Date Incorporated or Qualified
09/19/1994

3a. Date of Last Report
02/27/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

65-0559479

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
7229 W OAKLAND PARK BLVD
LAUDERHILL FL 33313

10. Name and Address of New Registered Agent

81 Name
GENNARO COPPOLA
82 Street Address (P.O. Box Number is Not Acceptable)
7229 W. OAKLAND PARK BLVD.
83
84 City
LAUDERHILL FL 85 Zip Code
33313

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]*

Signature, typed or printed name of registered agent or officer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/17/97

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--------|
| TITLE | 10 | DELETE |
| NAME | AMICO, SALVATORE | |
| STREET ADDRESS | 7229 W OAKLAND PARK BLVD | |
| CITY-ST-ZIP | LAUDERHILL FL | |
| TITLE | 11 | DELETE |
| NAME | DONOVAN JOHN J. | |
| STREET ADDRESS | 7229 W OAKLAND PARK BLVD | |
| CITY-ST-ZIP | LAUDERHILL FL | |
| TITLE | 12 | DELETE |
| NAME | PRES. COPPOLA, GENNARO | |
| STREET ADDRESS | 7229 W OAKLAND PARK BLVD | |
| CITY-ST-ZIP | LAUDERHILL FL | |
| TITLE | 13 | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | 14 | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | 15 | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | COPPOLA, GENNARO PRES |
| 3.3 STREET ADDRESS | 7229 W. OAKLAND PK BLVD |
| 3.4 CITY-ST-ZIP | LAUDERHILL FL 33313 |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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.

SIGNATURE: X

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/97

(954) 340-3619

CR2E034 (9/96)